

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-fifth Legislature - Second Regular Session

TEEN MENTAL HEALTH HOUSE AD HOC COMMITTEE

Report of Interim Meeting
Monday, November 14, 2022
House Hearing Room 1 (58) -- 9:00 A.M.

Convened 9:09 A.M.
Recessed
Reconvened
Adjourned 11:30 A.M.

MINUTES RECEIVED
CHIEF CLERK'S OFFICE

11-15-22

Members Present

Representative Osborne, Chairman
Representative Grantham
Representative Blackwater-Nygren
Ms. Blalock
Dr. Chhatwal
Ms. Coggins
Ms. Corieri
Ms. Godbehere
Ms. Guy
Ms. Jones Mellon
Dr. Kirkilas
Ms. McPherson
Mr. Sampson
Sergeant Tyler

Members Absent

Ms. Breitwieser Cutshall
Ms. Espino
Mrs. Harrison
Representative Hernandez
Ms. McWilliams
Pastor Nunez

Agenda

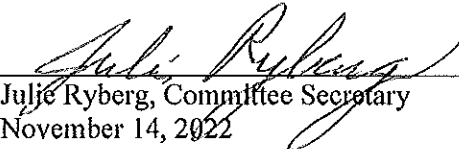
Original Agenda – Attachment 1

Committee Attendance

Report – Attachment 2

Presentations

<u>Name</u>	<u>Organization</u>	<u>Attachments (Handouts)</u>
n/a	Teen Mental Health Ad Hoc Committee	
	Draft Recommendations	3
Martin F. Celaya	Arizona Department of Health Services, Bureau of Assessment and Evaluation	4
Shelley Jones Mellon	Southwest Arizona Town Hall Mental Health, Substance Use and Homelessness	5, 6
Andrew T. LeFevre	Arizona Criminal Justice Commission	7
Karen D. Johnson	New Pathways for Youth	8


Julie Ryberg, Committee Secretary
November 14, 2022

(Original attachments on file in the Office of the Chief Clerk; video archives available at <http://www.azleg.gov>)

Interim agendas can be obtained via the Internet at <http://www.azleg.gov/Interim-Committees>

ARIZONA HOUSE OF REPRESENTATIVES

INTERIM MEETING NOTICE OPEN TO THE PUBLIC

Convened 9:09 am
Adjourned 11:30 pm

TEEN MENTAL HEALTH HOUSE AD HOC COMMITTEE

Date: Monday, November 14, 2022

Time: 9:00 A.M.

Place: HHR 1

Members of the public may access a livestream of the meeting here:
<https://www.azleg.gov/videoplayer/?clientID=6361162879&eventID=2022111002>

AGENDA

1. Call to Order
2. Minute for Good
3. Public Testimony
4. Presentations:
 - Arizona Criminal Justice Commission – 2022 Arizona Youth Survey
 - Andrew T. LeFevre, Executive Director
 - Arizona Department of Health Services – Adolescent Suicide Trends in Arizona
 - Martin F. Celaya, Chief, Bureau of Assessment and Evaluation
 - Overview of Southwest Arizona Town Hall Mental Health, Substance Use and Homelessness
 - Shelley Jones Mellon, Chair
 - New Pathways for Youth
 - Karen D. Johnson, President & CEO
5. Discussion and Consideration of Potential Committee Recommendations
6. Adjournment

Members:

Representative Joanne Osborne, Chair
Representative Travis W. Grantham, Co-Chair
Representative Jasmine Blackwater-Nygren
Representative Alma Hernandez
Jennifer Blalock
Christina Corieri
Lisa Breitwieser Cutshall
Dr. Jasleen Chhatwal
Bernadette Coggins
Candy Espino

Gina Godbehere
Kristina Guy
Sally Harrison
Shelley Jones Mellon
Dr. Gary Kirkilas
Katey McPherson
Kimberly McWilliams
Pastor Ryan Nunez
Solomon Sampson
Sergeant Sean Tyler

11/07/2022
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ARIZONA STATE LEGISLATURE
Fifty-fifth Legislature - Second Regular Session
COMMITTEE ATTENDANCE RECORD

COMMITTEE ON AD HOC COMMITTEE ON TEEN MENTAL HEALTH
CO-CHAIRMAN: Joanne Osborne CO-CHAIRMAN: Travis Grantham

DATE	11/14/22	/22	/22	/22	/22
CONVENED	9:07am	m	m	m	m
RECESSED					
RECONVENED					
ADJOURNED	11:30am				
MEMBERS:					
Blackwater-Nygren, J	✓				
Hernandez, A	-				
Ms Blalock, J	✓				
Ms Breitwieser-Cutshall, L	-				
Dr. Chhatwal, J	✓				
Ms Coggins, B	✓				
Ms. Corieri, C	✓				
Ms Espino, C	-				
Ms Godbehere, G	✓				
Ms Guy, K	✓				
Ms Harrison, S	-				
Ms Jones Mellon, S	✓				
Dr. Kirkilas, G	✓				
Ms McPherson, K	✓				
Ms McWilliams, K	-				
Pastor Nunez, R	-				
Mr Sampson, S	✓				
Sgt. Tyler, S	✓				

Grantham T, Co-Chairman	✓				
Osborne J, Co-Chairman	✓				
√ Present --- Absent exc Excused					

TEEN MENTAL HEALTH AD HOC COMMITTEE DRAFT RECOMMENDATIONS

GENERAL

- Establish a Teen Mental Health Grant Program to be administered by the Arizona Department of Health Services (DHS) to:
 - Provide funding to school districts or nonprofit organizations for mental health first aid training, substance misuse awareness training and peer to peer education to youth, staff and parents.
 - Support school district to develop/obtain an app for students to report safety issues as well as gain clinical support that is 24/7 and anonymous.
 - Provide school districts/rural regions a primary prevention specialist.
 - Provide funding for children mental health providers.
 - Support digital wellness marketing campaigns.
- Consider the following resources to fund the Teen Mental Health Grant:
 - legislative appropriations, including the Consumer Remediation Subaccount (Opioid Settlement), Substance Use Disorder Fund, marijuana revenues, Tobacco settlement funds, tobacco tax revenues, American Rescue Plan Act or state General Fund (state insurance premium tax collections).
 - Private donations.
 - Grants.
 - Federal monies.

ACCESS TO CARE, DEPRESSION & MENTAL ILLNESS

- The Teen Mental Health Grant program will provide funding to school districts to offer mental health first aid training, substance misuse awareness training and peer to peer education to youth, staff and parents. Data Analysis around outcomes.
- The Teen Mental Health Grant program will provide funding for Children's Mental Health Service Providers, (Center's for Excellence, Crisis Services, Respite Services). All these different levels of care take specialized staff and training.
- Children's Mental Health Providers need increased reimbursement rates from insurance companies (private commercial and AHCCCS) due to their specialized training related to their areas of practice. Additional time is required for children's appointments including session time and consultation with parents.
- Increasing incentive for mental health professionals in schools and communities by assisting with student loans or years of service awards in underserved communities at the new graduate level and a focus on certification and degree programs that serve children.

BULLYING AND SOCIAL MEDIA

- Creation of an app that would assist with threat assessments and allow students to report safety issues as well as gain clinical support that is 24/7 and anonymous. The app must also include resources for students and parents regarding mental health, bullying and substance misuse. This will improve school violence and student mental health supports. HB 2862 (Laws 2022, Chapter 313) funds a part of this through ADE but needs to be amplified through the Teen Mental Health Grant to provide a robust tool for students, parents, and educators to access. Pilot in 4 schools to begin. SAFE UT app success data will be provided.
- Support the creation of social media marketing campaigns on digital wellness geared to parents that include small clips from Childhood 2.0 and other public service announcements shown statewide on an ongoing basis.
- Funding of White Ribbon Week—a week dedicated to digital wellness for students that will raise awareness and education for K-12 students and families.
- A comprehensive “hub” of resources that relate to bullying, cyberbullying, social media impact, and bullying behaviors for parents and students. Tandem short online courses that weave the SEL crosswalk strategies into them.
- Increase the number of certified school counselors at every school level to improve caseloads.

FAMILY SUPPORT & SUBSTANCE ABUSE

- DHS, in collaboration with AHCCCS, ADE and GOYFF must serve as a community hub to gather all available resources and work with coalitions, non-profit organizations and other community groups to provide information about prevention, education, crisis management and treatment, post treatment and support. All resources must be included on each agencies/office website.
- The Teen Mental Health Grant program will provide to school districts and nonprofit organizations to offer mental health first aid training and substance misuse awareness training to youth, staff, parents and community stakeholders.
- Develop tax credit deductions for substance misuse inpatient and outpatient treatment to relieve financial burden for families.
- Utilize monies from the Opioid Settlement (Consumer Remediation Subaccount) to fund the Substance Use Disorder Services Fund to provide substance use disorder treatment services to underinsured or uninsured individuals.
- The Teen Mental Health program will provide funding to school districts to have one or more primary prevention specialist on staff whose only job is to deliver youth resiliency and primary prevention lessons/training.

- More access to substance misuse inpatient and rehabilitation facilities for children/adolescents across the state, specifically in rural areas.
- That legislation be drafted to permit 16-year old's in crisis that lack a parent or legal guardian to consent for mental health treatment for stabilization only.

Adolescent Suicide Trends in Arizona

November 14, 2022

Martín F. Celaya, MPH

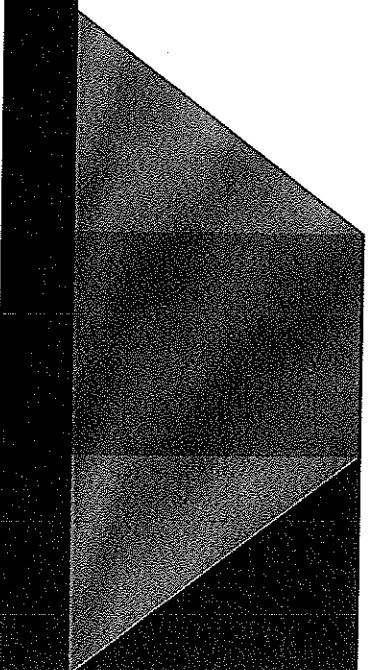
Chief, Bureau of Assessment and Evaluation
Public Health Division - Prevention Services

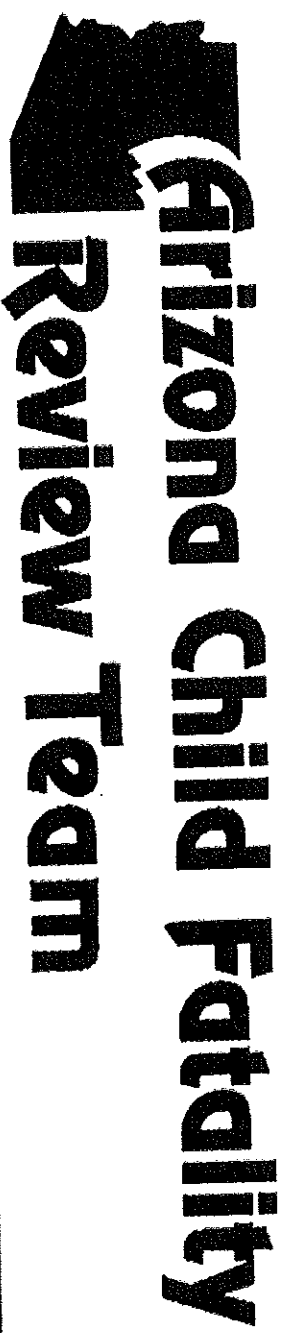


ARIZONA DEPARTMENT
OF HEALTH SERVICES

Presentation Objectives

- Introduce the child fatality review program
- Provide an overview of adolescent suicides in Arizona
- Present information on trends according to sex, age, and race/ethnicity
- Recognize causes and risk factors of suicide
- Review prevention recommendations



The logo features a black silhouette of the state of Arizona. Inside the outline of the state, the word "Arizona" is written in a white, serif font. To the right of the state outline, the words "Child Fatality" are written in a large, bold, black serif font. Below this, the words "Review Team" are written in a smaller, bold, black serif font. The entire logo is enclosed within a black rectangular border.

Arizona Child Fatality Review Team

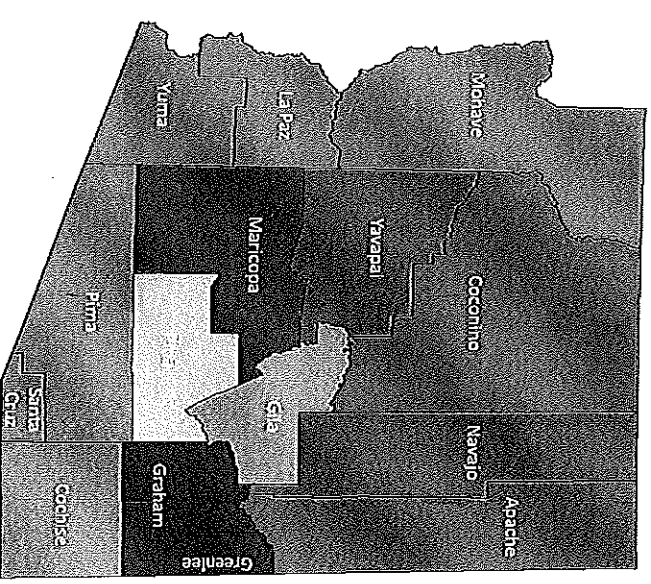
Mission: To reduce preventable child fatalities in Arizona through a systematic, multi-disciplinary, multi-agency, and multi-modality review process. Prevention strategies, interdisciplinary training, community-based education, and data-driven recommendations are derived from this report to aid legislation and public policy.

Child Fatality Review Program Overview

Every child death (0-17 years) in Arizona is reviewed

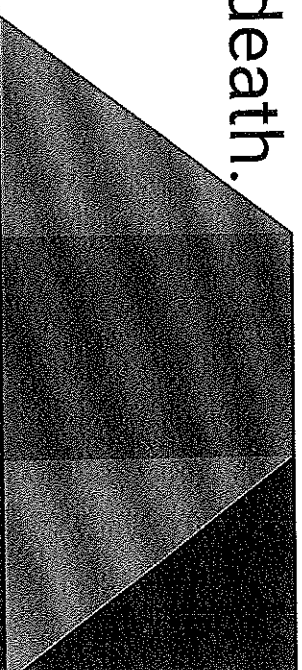
- 10 local review teams across the state
 - Local county health departments
 - Academic Partner
 - Non-Profit Organization
- 1 state team (including 2nd level reviews)
 - Abuse and Neglect
 - Sudden Unexpected Infant Death
- All teams are multidisciplinary
 - County attorney's office
 - County health department
 - County medical examiner's office
 - Department of Child Safety
 - Domestic violence specialist
 - Local law enforcement
 - Parent
 - Pediatrician or family physician
 - Psychiatrist or psychologist
- Annual report published Nov. 15th

Local Review Teams*



Relevant Definitions

- **Adolescent** - A young person between the ages of 10 and 17 years.
- **Suicide** – A death that is due to a self-directed intentional behavior where the intent is to die because of that behavior.
- **Preventable death** - A child's death is considered preventable if the community or an individual could have done something that would have changed the circumstances leading to the child's death.



since 2017

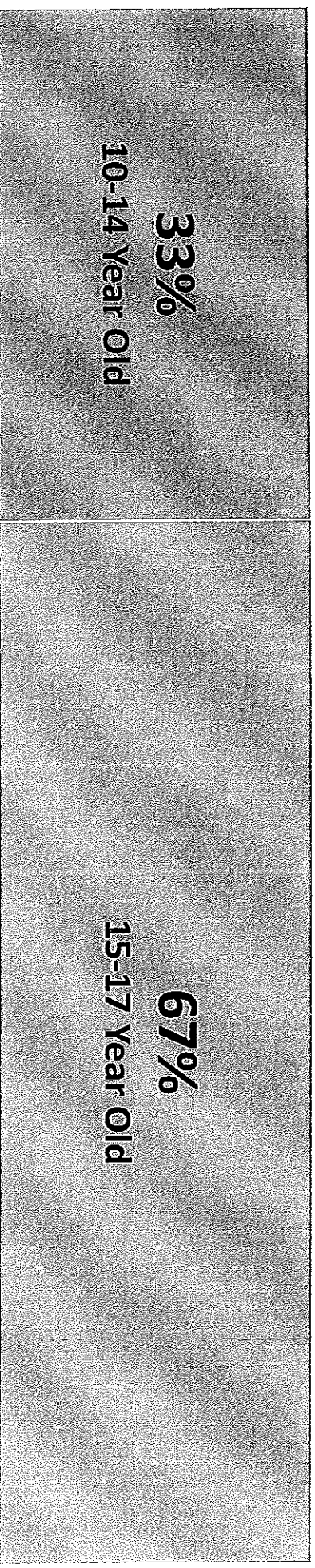
245

adolescent suicides

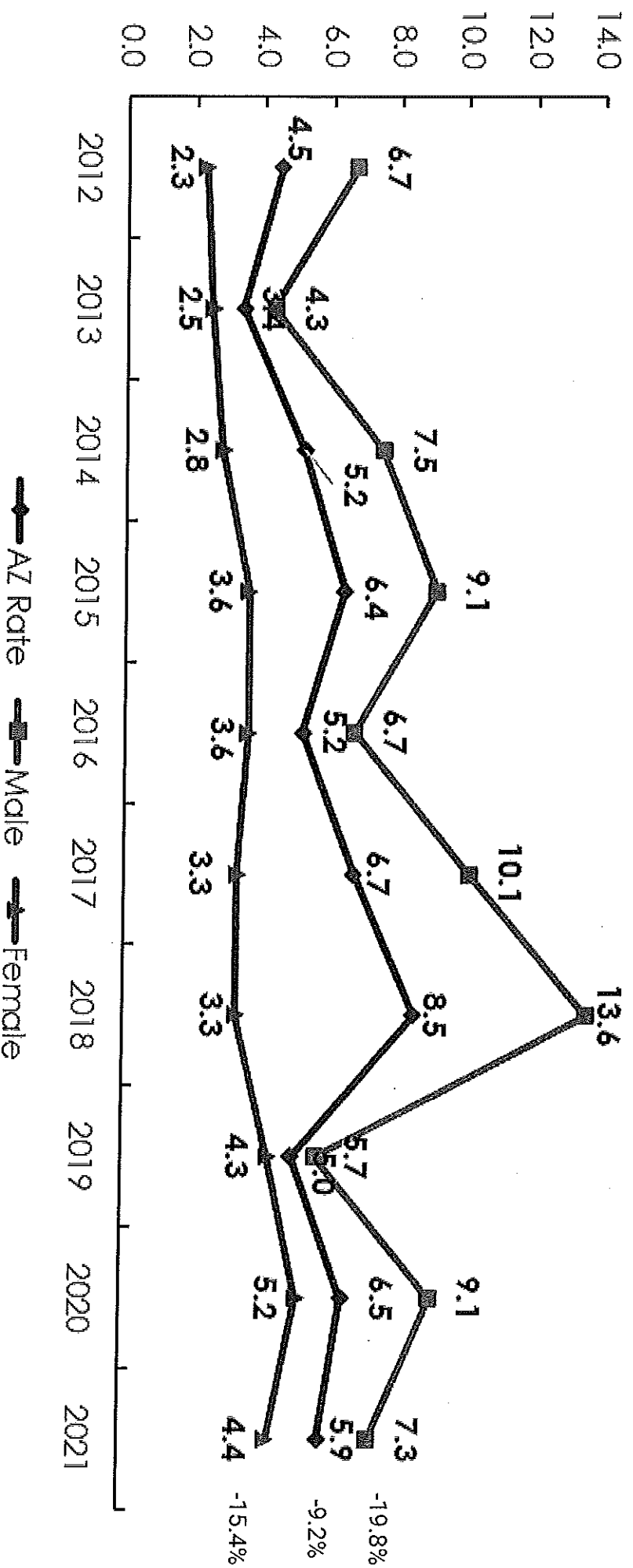
6% of all child deaths

Adolescent Suicides by Age data from 2017-2021

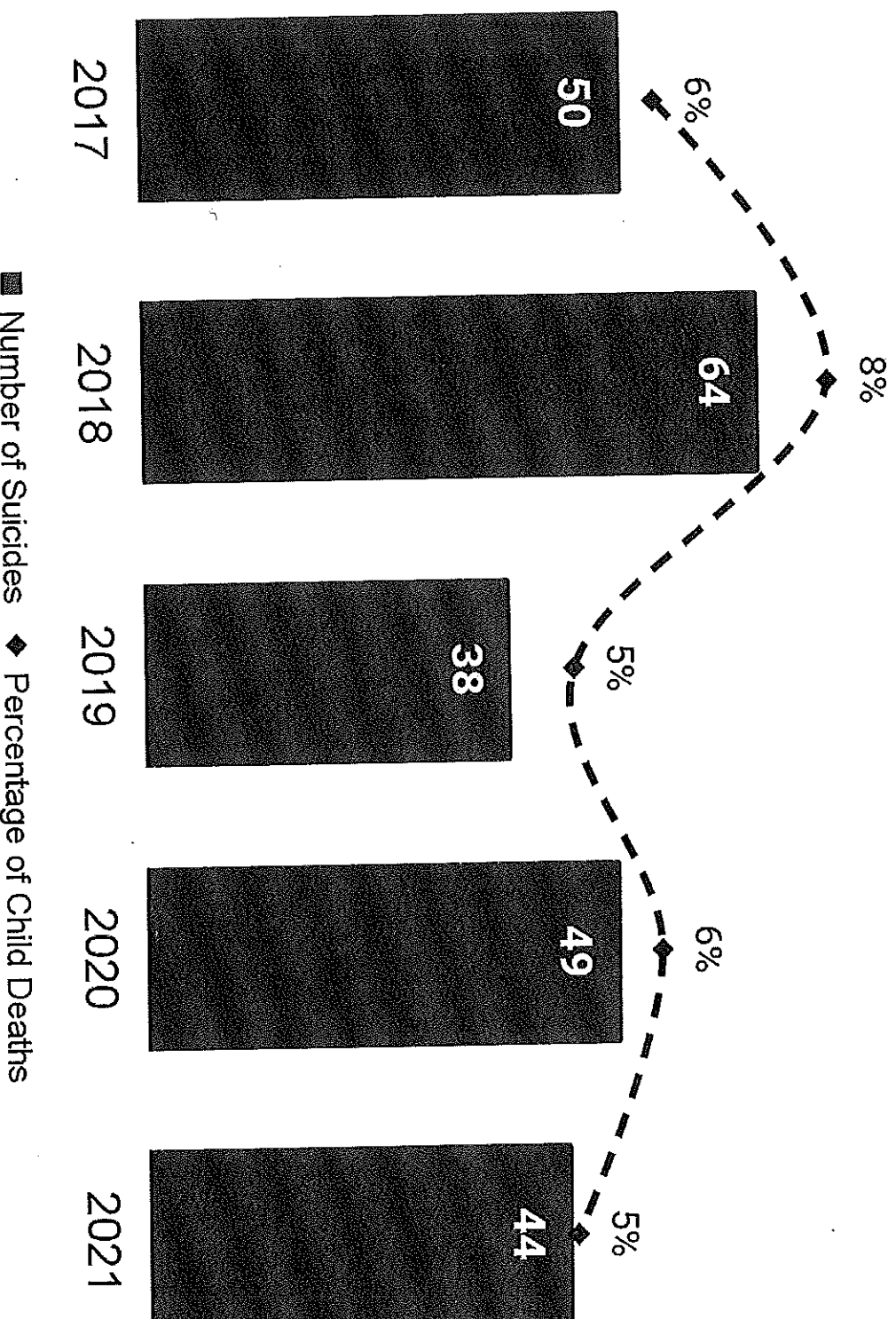
7 out of every 10 adolescent suicides occur in 15-17 year olds



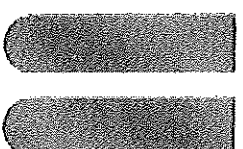
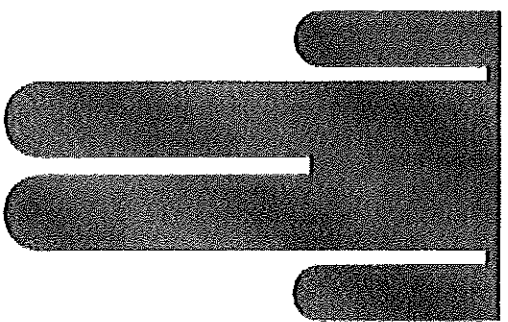
Adolescent Suicide Mortality Rate per 100,000 data from 2012-2021



Adolescent Suicides per Year data from 2017-2021

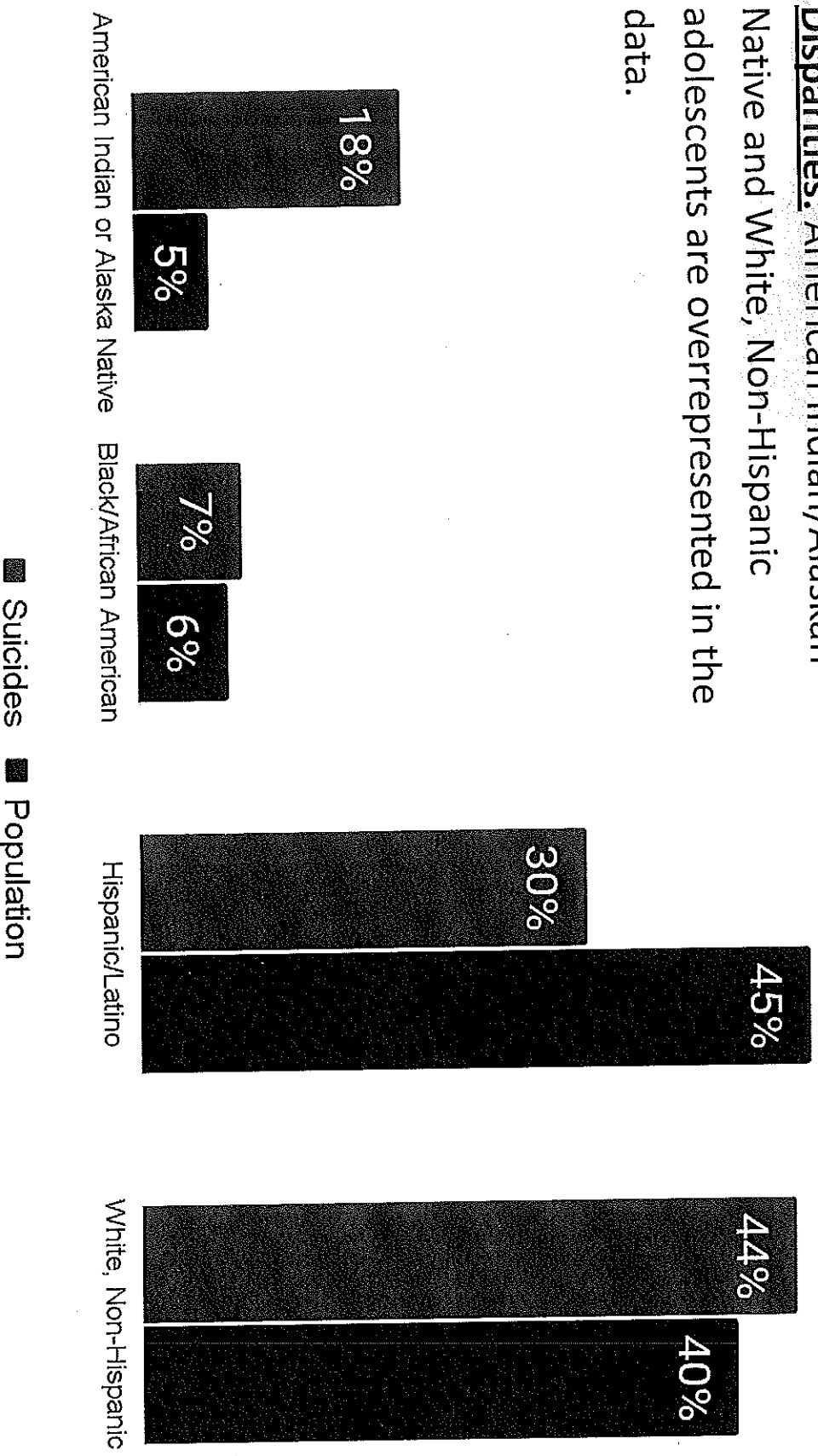


Adolescent Suicides by Sex data from 2017-2021



Adolescent Suicides by Race/Ethnicity data from 2019-2021

Disparities: American Indian/Alaskan Native and White, Non-Hispanic adolescents are overrepresented in the data.

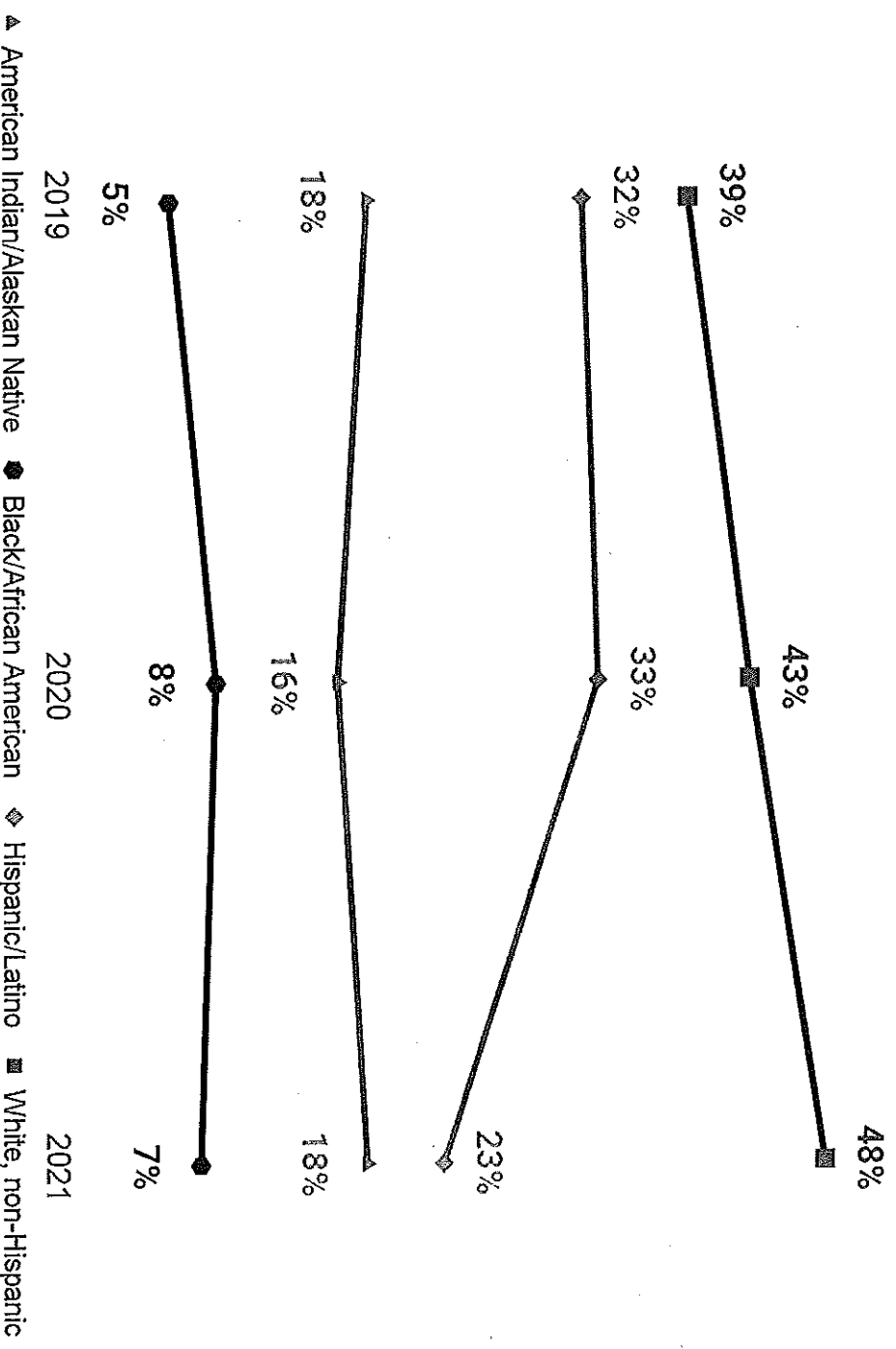


*Estimates for Asian/Pacific Islander adolescents are suppressed due to counts less than 6

Adolescent Suicides by Race/Ethnicity per Year data from 2019-2021

The percentage of suicides for White, non-Hispanic adolescents has increased consistently over the past 3 years. A 23% increase since 2019.

The percentage of adolescent suicides for Hispanic/Latinos has decreased by 28% since 2019.



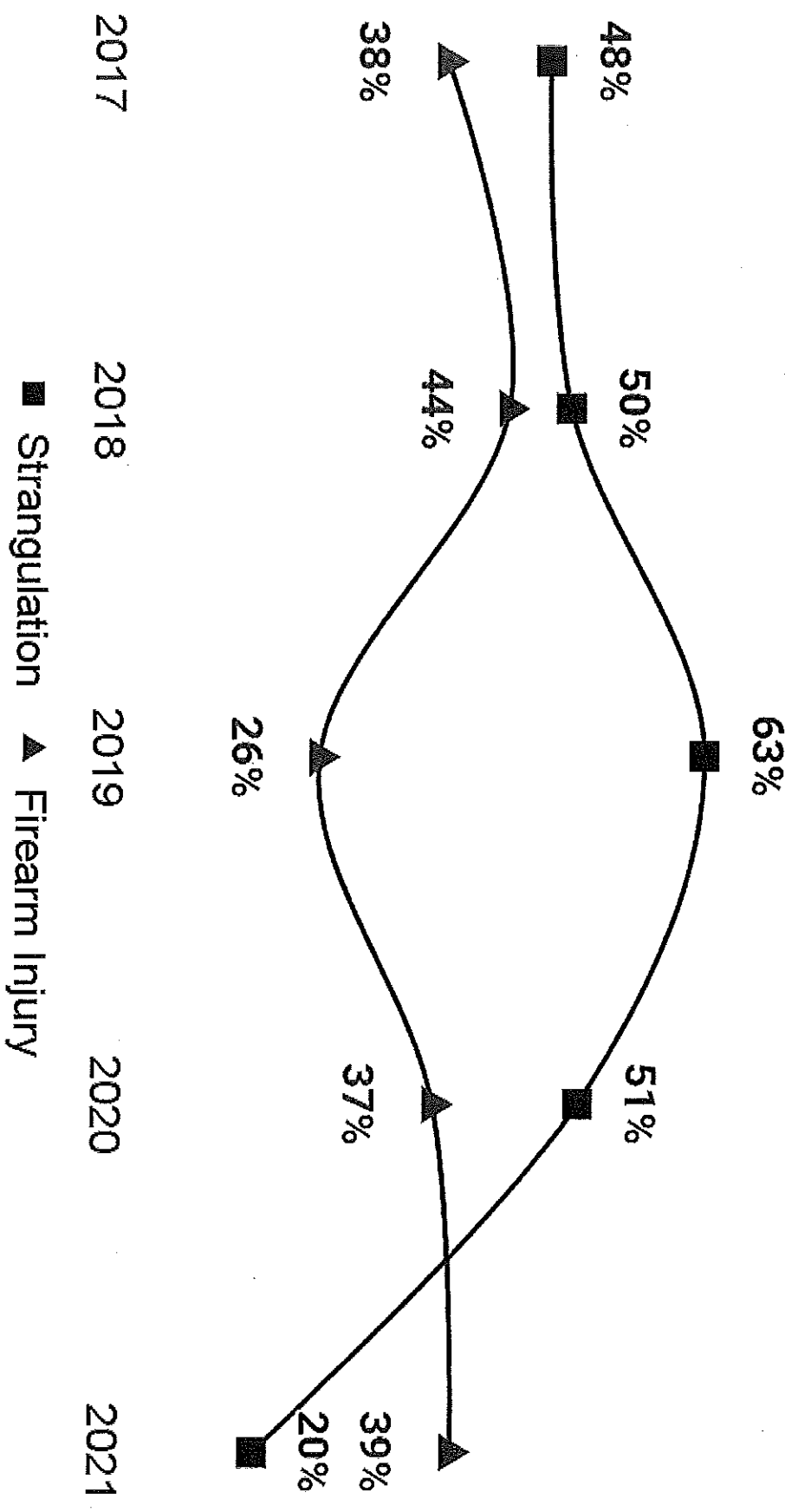
*Estimates for Asian/Pacific Islander adolescents are suppressed due to counts less than 6

Overall Causes of Adolescent Suicides data from 2017-2021

Cause	Count	Percentage
Strangulation	125	51%
Firearm Injury	91	37%
Poisoning	15	6%
Motor Vehicle and Other Transport Related	5	2%
Blunt Force Injury	5	2%
Fall or Crush	<6	*
Bodily Force or Weapon	<6	*

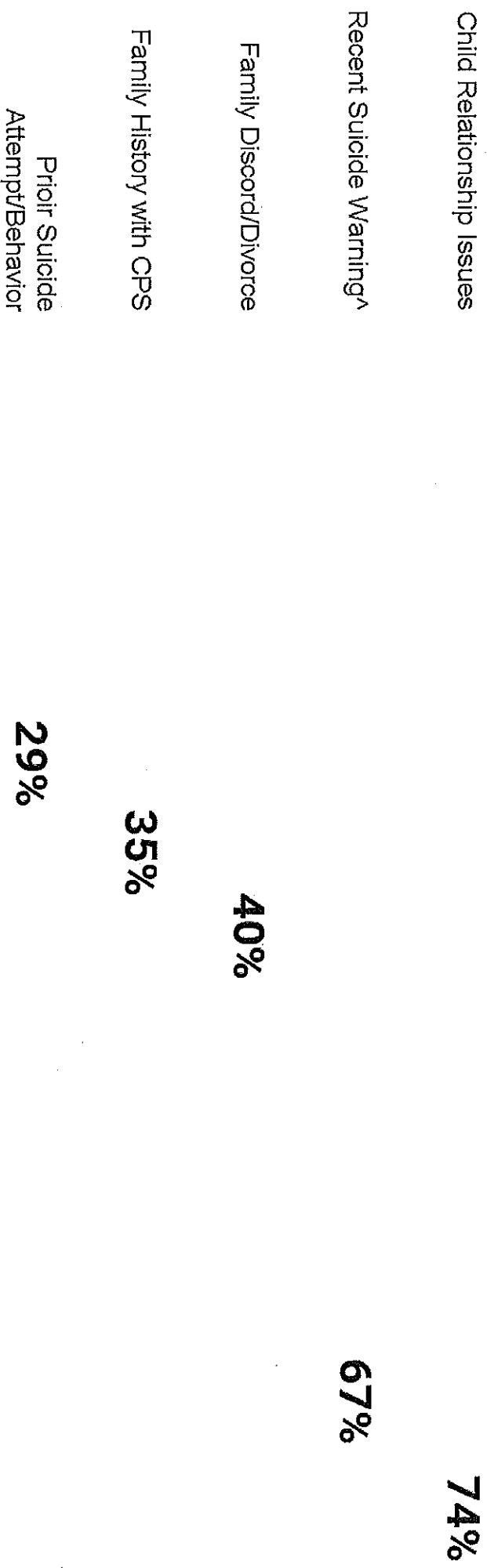
* Data are suppressed due to count less than 6.

Causes* of Suicide in Arizona per Year data from 2017-2021



*Other causes of suppressed due to count less than 6: poisoning, motor vehicle and other transport, blunt force injury, fall or crush, bodily force or weapon.

Combined Top 5 Risk Factors* for Adolescent Suicide data from 2017-2021



*More than one risk factor may have been identified in each death
^ Within the past 30 days from death

Top 5 Risk Factors* for Adolescent Suicides per Year data from 2017-2021

Year	#1	#2	#3	#4	#5
2017 n=50	Family Discord (41%)	School Issues (36%)	Argument with Parent (31%)	History of Substance Use (27%)	History of Parent Divorce (25%)
2018 n=64	Family Discord (20%)	Relationship Issues (18%)	Argument with Parent (16%)	History of Substance Use (14%)	History of Parent Divorce (4%)
2019 n=38	Family Discord (47%)	Mental Health Disorder (39%)	Recent Suicide Warning (34%)	Abuse/ Neglect History (32%)	Victim of Bullying (29%)
2020 n=49	Relationship Issues (69%)	Access to Firearm (37%)	History of Maltreatment (37%)	Child Mental Health Disorder (37%)	School Issues (33%)
2021 n=44	Recent Suicide Warning (68%)	Relationship Issues (61%)	Recent Crisis (45%)	Prior Suicide Attempt (41%)	CPS History with Family (36%)

*More than one risk factor may have been identified in each death

Prevention Recommendations



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Prevention Recommendations:

29th Annual Report

- Increase access to effective mental health care for Arizonans by adopting the Zero Suicide model statewide. Implement communication strategies using traditional and new media for school personnel that promotes suicide prevention, emotional well-being, and mental health. ⁷⁻⁹
- Increase community awareness of the 988 hotline which anyone can call or text or chat with online at 988lifeline.org if they are worried about a loved one who may need crisis support. ¹⁵
- Schools should have a suicide management protocol and be aware of resources like the suicide prevention toolkits developed by the Substance Abuse and Mental Health Services Administration and the American Foundation for Suicide Prevention. ⁴⁻⁷
- Schools should provide appropriate mental health services for students at risk for suicide. If the school cannot provide the services, then they should identify mental health providers to whom students can be referred to. ^{4,6,7}
- Schools should educate staff members on the effects that suicide contagion can have in a student population. Adolescents are vulnerable to suicide contagion, and it is important for schools to not glamorize, simplify, or romanticize the death of a student. ⁴⁻⁷
- Increase public awareness of risk factors and warning signs for suicide and connect people in crisis to care. ^{4,5,9,10}
- Educate parents that the presence of a firearm in the house significantly increases the risk of suicide for adolescents. ^{6,11}

Prevention Recommendations:

29th Annual Report

- Reduce access to lethal means in the household of adolescents that are at risk of suicide or expressing suicidal thoughts. This includes removing firearms from the house and securing medications.^{6,9,10}
- Parents should be encouraged to meet their children's teachers and school counselors to keep up to date with their kids' lives. This can help prevent bullying and keep parents connected to their children.^{12,13} Kids who are bullied are at a higher risk for suicide.^{4,6,12,13}
- Increase awareness that cyberbullying can have a significant negative impact on mental health like traditional bullying. There is an increase in suicide attempts for both victims and perpetrators of cyberbullying.⁶
- Schools should be aware that the most effective school-based interventions to prevent suicide use simultaneous complementary strategies.^{4,14} Simultaneous interventions involving parents, changing the school environment, and improving students' individual skills have been effective.¹⁴
- Increase communication between tribal and non-tribal entities/resources to bridge gaps in the availability of mental health services for children.
- Increase access to parent education on the importance of monitoring a child's social media use. Require all social media platforms to have algorithms in place to screen for posts/videos of concern.
- Increase access to medical and mental health care via telemedicine.
- Improve knowledge, reduce stigmatizing attitudes, and increase first aid actions towards people with mental health and substance use challenges.

Thank You

Martín Celaya, MPH |
martin.celaya@azdhs.gov

Link to: **ADHS Child Fatality
Review Annual Reports**



ARIZONA DEPARTMENT
OF HEALTH SERVICES



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7. Suicide Prevention Action Plan. Arizona Department of Health Services; Arizona Health Care Cost Containment System. <https://www.azahcccs.gov/suicideprevention/>. Published January 2020. Accessed June 10, 2020.

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Southwest Arizona Town Hall Plenary Session Mental Health, Substance Use, and Homelessness



Mental Health, Substance Use
and Homelessness

SEPTEMBER 30, 2022

COMPILATION STATEMENT
SOUTHWEST ARIZONA TOWN HALL FORUM
MENTAL HEALTH, SUBSTANCE USE AND HOMELESSNESS
SEPTEMBER 30, 2022

Mental health, Substance Use and Homelessness are intertwined with their impact on our population. The Southwest Arizona Town Hall (SWATH) held on September 30, 2022, at the Yuma Regional Medical Center Administration area focused on each area during breakout sessions, and prioritized early action plans with leveraged partnerships.



Southwest Arizona Town Hall

Foundational Forums

Mental Health & Substance Use

Question 1

What barriers do people face in addressing mental health (substance use) needs in our community community(ies)? For each barrier – what solutions come to mind?

Question 2

Think about our vision to develop expanded behavioral health (substance use) in our region for generations to come. What specific needs / services would you like to see developed/prioritized in the next 5 years?

Question 3

What are the opportunities to leverage and build partnerships that would enhance access to mental health (substance Use) services and support?

Question 4

What will be my action to impact change?

I commit to continue supporting those on the front lines who do the hard work in ways that I can.



MENTAL HEALTH

Mental health is not a situation where you can give a pill to someone, and the problem goes away. It is a continuum of care. There are many challenges that face mental health care in Yuma County:

- The stigma involved with admitting a need for these services
- A significant lack of services for the general population, which reaches a severe level when considering certain populations, such as veterans, teenagers, the elderly, and children
- Insurance coverage for mental health issues
- Mental health service outreach to our region's large minority population that is culturally and linguistically appropriate.



Mental Health

- There is a stigma with our population in admitting a need for mental health services. Intensive public outreach campaigns to stop the stigma around mental health are required. This outreach and mental health programs need to consider cultural, generational and linguistic considerations when preparing providers and determining types of providers necessary to work with our population.
- Educating the community will help our community understand what is involved and what resources exist for all ages. Removing the stigma of mental health issues and developing the skills for individuals to self-evaluate or assist those around them is needed. Funding for these services is needed. It is important for families to have the education to recognize issues and the knowledge of what to do.
- In the process of public outreach, both the stigma and education on available services needs to be addressed. Individuals do not want to be labeled. The emphasis needs to be on creating a safe space to discuss the issues big or small that everyone is facing. Developing a trust in system providers is essential. Recent legislation (HB2161) has made anonymity in the school system much more difficult. Teenagers are concerned that any problems they share will be communicated to their parents, which could make their living situations more difficult.



Mental Health

- Covering mental health services for all ages is crucial. Mental health care can be very expensive. It is difficult to find coverage for different mental health populations in Yuma County, forcing families to travel out of town to search for needed services. Teenagers receiving out-of-town services have their lives disrupted, exacerbating their mental health condition, since they are taken out of their school and community. An expansion of Level 2 services for teenagers in Yuma County would be optimal. The current situation sees teenage mental health issues tying into other issues, including those of dropping out of school and substance use. The elderly population represents a growing segment of the population, in desperate need for services, with families that do not know how to help them. There is a lack of services for the specific needs of veterans.
- Insurance coverage for mental health is a difficult path that most users do not know how to navigate. The lack of insurance can prove to be a huge obstacle to obtaining service. There is a great need for more local resources that accept all the necessary forms of insurance and ensure access to individuals. Wrap-around programs need to be available to continue progress made during treatment.



Mental Health

- Yuma County is located on the U.S./Mexico border and includes a population that is linguistically and culturally diverse. Family is the cornerstone of our area. Policies and programs need to take into consideration the whole family/community that the individual is part of to ensure the health and support for the entirety of the family unit.
- We do have programs that are in place and ongoing in our Yuma community. There is a need to prioritize outreach and deeper information to the community about the services available. Crane Elementary School District is one example of a program with social workers who hold group therapy sessions at school to help young students learn how to deal with issues throughout their lives. There are also school-based resources at the high schools that are available at no charge, but parents do not always know of these services. Yuma Union High School District supports the Yellow Ribbon groups, which provide peer support for students and are present in each high school.



Mental Health

- Specifically, information needs to be provided to general health/support providers as to where and what the available services are to more adequately provide the necessary referrals, such as a mental health navigator. Such referrals also need to be available in Spanish and in multiple formats – online as well as by phone and in person. Hotlines for mental health assistance have been successful. Early identification of mental health issues can help with early intervention to help people. Referral systems need to have follow-through to ensure continuity of services. There should be advocacy to our elected officials for the awareness and need of funding for these services.
- When building these programs, we need to ensure that we are building the bridges necessary to care for those who need assistance now. Funding programs is always an issue. To make programs effective long-term, we need to consider retaining mental health professionals through competitive salaries and leveraging the benefits of becoming part of the Yuma community. Burn-out of health care professionals is of great concern and we need to look for ways to combat professionals leaving this field.



Mental Health

- “Growing our own” services should be a priority. A welcomed program is the Yuma Regional Medical Center psychiatry residency program. As part of the development of this system and the education of new professionals, we need to look at our existing educational opportunities. By working with the universities, Arizona Western College, Yuma Union High School District, Southwest Technical Education District of Yuma(STEDY), Yuma Regional Medical Center and local agencies, we can develop the curriculum, programs and degrees needed to support the mental health system we create. It is also important to take advantage of the talent that already exists in our community, “Growing our Own”
 - creating and developing pipelines to the mental health profession. Scholarship opportunities are needed to provide interested individuals assistance to follow mental health careers. Expanding partnerships in education can be accomplished through career exploration and linking with companies in this field for job creation and systematic follow-up. Stackable credentials for students can ease their career path as could highlighting what mental health professions do.



Mental Health

- Information sharing should be streamlined for more coordination and continuation of care and the ability to track care and follow-up. This relieves the stress and pressure that might be placed on the patient or their family. It also allows providers to understand needs and evaluate services provided.
- Besides working with existing university and collegiate partners, we should look outside of the State of Arizona for best practices and programs that are effective in other areas. All populations, specifically minorities and age groups, need to be brought into the decision-making process. We should do a full inventory of what parts of the system are already in place and determine where gaps exist and how those gaps can be filled. A large part of that system evaluation will be talking to those directly impacted – patients and their families. It will also require meaningful discussion and coordination between AHCCCS, court systems, law enforcement, the medical community and schools –preschool to college.



Mental Health

- Agency cross-training can help with coordination of referrals, services, and care. Programs need to consider ways to spread training to the wider community with those who can assist with mental health issues beyond those who are specifically health providers/social workers. Education of individuals who might make that first contact is essential: parents, caretakers, teachers, general practice physicians, pediatricians, law enforcement, religious leaders, and local agency providers. Police coordination with social workers to assess mental health problems on the street could help. By educating first contacts (parents and caretakers, teachers, law enforcement, clergy, court systems), we would be able to identify those in crisis or need, capture needed and necessary information and direct them to the best services.
- In particular, coordination of care with mental health services is crucial. A one-stop center would be helpful. There needs to be quality, availability and accessibility of services for our population. Transportation to services in Yuma County is a prevailing issue and options to reach services need to be considered. Providing virtual as well as in-person care is needed, as is expansion of services that provide local services, evaluations for mental health needs and assisting the transition from in-patient to out-patient care. Evaluation of care through patient surveys is important.
- We care about the needs of our population in Yuma County. By working together, we can help those in need and provide mental health services and education to all our population.



Prioritization of Mental Health

Vision (Action: Yuma Regional Medical Center/Dr. Magu)

- Engagement of members (80%)
- Reduced duplication of resources/services
- Communication – news

Action Plan

- Website – central source of information and services by December 2023
- Host first meeting by November 30, 2022o Inventory of services/resources
- Create a set of standard metrics/database by June, 2023
- Coordination of Care
- Access and Coordination of Behavioral Health
- Form an active coalition
- Awareness Education
- Increase pipeline for healthcare professionals



Prioritization of Mental Health

Mental Health Priorities for Yuma County

- Preventive Outreach/Insurance Coverage for families and children
- Service Outreach (make services known)
- Community Education – one stop shop (bring resources together)
- Expansion of Systems
- Education (community, development of professionals)
- Reduce stigma, normalize care
- Health literacy
- Funding

Infrastructure

- Expansion of high-level and mid-level treatment facilities
- Recruitment of properly trained mental health professionals, and support workers with lived experience
- Expansion of peer support groups



Prioritization of Mental Health

Education, Schools and Community

- Prioritize drug prevention.
- Early and regular screenings for mental health concerns.
- Integration between current support systems.
- Leverage and build partnerships in Yuma County (information into the schools and community about costs, risks and avoiding substance use.)

Financial Support for Treatment

- Address financial barriers
- Community funding and collaboration
- Social media
- Grants
- Partnerships
- Coalitions
- Local multilingual intensive outreach and education program.
- Expanding system that provides local services
- Coordination of care through consortium for mental health services available in Yuma County.



PRIORITIZATION OF MENTAL HEALTH

Coordination of Care

- Addressing the people's needs
- Quality and availability of service
- Distribution of resources available to the community
- Create an active consortium for mental health (set an action plan and do a community needs assessment)
- Expansion of formal education for healthcare awareness
- Partner with all levels of education
- Partner with agencies and employers



Substance Use

- We are experiencing a crisis; a crisis that needs to be brought to the forefront. In general society, substance use has been desensitized. However, substances - readily available on the street, at home and at school - can cause death. The presence of fentanyl, which is accessible and affordable, is growing substantially higher in Yuma County since it is being laced within other drugs. Although fentanyl is currently receiving much public attention, Yuma County has an equally large problem with methamphetamine. Vaping substances on school campuses are present during the day in the restrooms. There is denial on the individual, parent, and caretaker level that a substance use problem exists.



Substance Use

- Challenges involved with substance use share many issues that are also present with mental health: the stigma for individuals or their family members to admit problems with substance use; education of the community about substance use; individual trust levels in existing medical and assistance systems; insurance coverage of the cost associated with substance use issues; and community outreach on resources available to address substance use.



Substance Use

- There is significant stigma with conversations about substance use. Parents are afraid to talk about substance use. However, substance use may be considered normal at home, so children don't see its use as being wrong. Pain management is an aspect of self-medication that is readily available and seen as normal. Media entertainment and social activities may present substance use as a fun and social activity to the general population. Youth are seeking meaningful connections and when they don't find it or seek peer acceptance, they may find or rely on substances.



Substance Use

- Sharing information about resources on substance use is important. Preventive measures will help our population to help solve problems before they escalate to a higher level. However, there is still stigma affiliated with substance use issues. Methamphetamine and fentanyl use are very prevalent in our community. Unfortunately, this substance use can reach a level where it escalates and disrupts people's lives.



Substance Use

- One of the most important and meaningful ways to address substance use is to focus on prevention – educating children and teenagers about the risks and impacts of substance abuse and also educating parents and caretakers on the signs of substance abuse and the resources that are available. Education needs to occur on a community wide basis, not just in schools, and at all age levels. We can capitalize on existing education programs and curriculum to develop those resources for educators. We can also utilize students that are motivated to help educate others on substance use and prevention to help promote and facilitate such education.



Substance Use

- There needs to be more sharing of lived life experience on substance use with our community so that everyone realizes how substance use affects everyone, from all walks of life.
- A media campaign about the current risks and dangers would be impactful and would help educate adults about these issues. Such a campaign would help address parent and caretaker denial. The campaign could also be used to educate the public about resources available in our community.
- Providing education on substance use may not have the results desired. Being around a particular environment can strongly influence someone to use substances. While education programs are beneficial, they have to overcome the barrier of being dismissed by those who are targeted for the program. These education programs must begin with the family because often aspects within home life lead to the introduction of substances.



Substance Use

- By developing coping skills at an early age, individuals can feel prepared to not use substances. Prioritizing substance prevention education in schools, both in English and Spanish, can help. Nevertheless, there is peer pressure, very prevalent at certain ages that can influence people to use substances. There is also the presence of substances at family members' houses that are readily available. Previous programs, such as the DARE program, have not always had successful results. Peer groups, such as Smart Recovery and Al Anon, could also help with substance use since many times family members do not know how to support others with usage issues.



Substance Use

- Often, substance use occurs in connection or correlation with trauma, grief and loss, or other mental health issues; it may even become the catalyst. Underlying issues should be studied since substance use may be a symptom of another issue. Services can assist individuals and need to continue to support those who do get clean and need assistance in continuing their sobriety path.
- Insurance coverage is difficult to navigate. Without coverage, assistance with substance use can be expensive. For those who don't have AHCCCS, there should be services readily available that do not have a high cost. There are grants available that cover the commercial insurance side. However, many of these grants require that they be referred by the school system.



Substance Use

- There are almost no adolescent drug treatment options in Yuma County. There is a great need for more local resources that accept all the necessary forms of insurance and ensure access to individuals. To improve the situation, we need to not only consider local residential treatment, but we also need to ensure there are wrap-around programs to continue the progress made during treatment so that it can carry through. Even for adults there are limited and sporadic resources available.
- Navigating the health care system is not easy. Helping individuals through a one-stop shop can integrate working with individuals who have both mental health and substance use since both issues tend to go together.
- It takes a village, comprised of many organizations, to do outreach on preventive measures for substance use.
- Social media has a high impact on people. Presentations that are given at school may not reach the target audience that needs to be reached about substance use. Smaller group discussions on drug prevention could have more of a relevant impact.



Substance Use

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System Change

- Criteria that require individuals to be clean for a period of time before they can benefit from resources need to change. People need to be helped right away.
- There need to be confidential ways for individuals to reach out for assistance and help for a friend or family members. The Yellow Ribbon group is a way for high school students to help others.
- We need to work on connecting medical providers to agencies that provide substance use services. Finding and training individuals to be outreach specialists would go far in helping create those connections and also educating the public about existing resources.
- Our community needs detox or inpatient centers, outreach specialists that can help connect agencies and providers, and a resource communication platform. In addition, our drug court currently only assists those with felony charges – it should include a program for misdemeanor charges.
- Just like mental health, we need to develop career pathways that lead to jobs in the field of substance use prevention and care. We can leverage the work that will be done in the mental health field. This will also help in addressing the impacts of staff turnover in local agencies.



System Change

- Leveraging and building partnerships in Yuma County are essential. Partnerships with law enforcement and health care professionals with schools should be leveraged to get information into schools about the costs and risks of substance use.
- To serve our community, it is necessary to fund and build needed infrastructure for rehabilitation and mental health that includes support for those with substance use disorders; in particular, help with navigating the health care system. There needs to be a holistic system in place instead of individuals treated on a piecemeal basis. Facilities with high-level in-patient and mid-level transitional treatment need to be expanded. There needs to be an expansion of treatment service facilities throughout the county, including pediatric support programs. Community members should meet with legislators to obtain funding for program support.
- The recruitment and development of properly trained mental health professionals need to occur. Those individuals who have lived experience and have become clean and sober could be recruited to follow careers that help others with substance use disorders.



System Change

- Financial barriers and insurance issues for coverage need to be addressed for substance use disorders. Communities could collaborate to obtain grants, non traditional partnerships, and coalitions, to support work being done and the work that is still needed.
- Drug prevention education in our schools and within our region needs to be prioritized, applied with cultural considerations of this area, and available in both English and Spanish.
- Legislation must not prevent local school systems from educating students on substance use (HB2161). The focus should be on helping young people rather than disciplining them. Our community should instill understanding and compassion with issues and encourage community service, rather than only punitive measures.
- We need integration between current support systems to serve our community, which will build rapport, and encourage services to complement each other and not duplicate efforts. Expanding coalitions within our community can assist with sharing ideas and providing resources. Town halls that are focused on substance use can provide opportunities for our community to engage in this issue and interact.



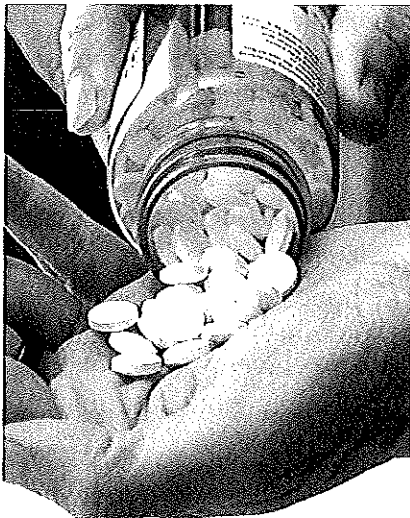
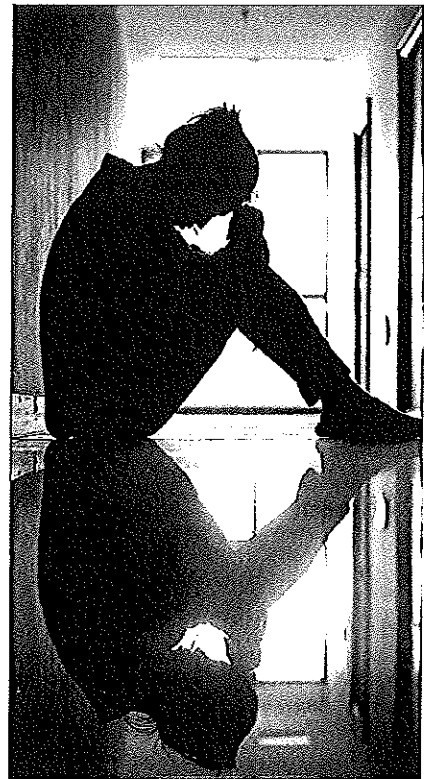
PRIORITIZATION FOR SUBSTANCE USE

Vision

Action: Yuma County Anti-Drug Coalition

- Reduced youth drug use in Yuma County (reduced school suspensions for drug use and reduced law enforcement incidences due to drug within 18 months) . Train teachers and school staff on drug awareness
 - Educate parents and caregivers
 - Media campaign (all channels)
 - Town hall meetings at schools and community settings
- Community awareness/social media
- Safe place/zone for confidential discussions
- Leverage/coordinate resources and relationships
- Community collaboration to gain more funding for high level treatment and long-term tradition programs
- Prioritize drug prevention education in our schools and support families including funding for such programs.
- Continue to work on a holistic system instead of piecemeal for services provided. Fund and build necessary infrastructure for rehabilitation and mental health. Address financial barriers and insurance.
- Community collaboration to gain more funding for high-level treatment and long-term treatment programs
- Prioritize drug prevention education in our schools and support families including funding for such programs.
- Continue to work on a holistic system instead of piecemeal for service provided





Mental Health, Substance Use and Homelessness

SEPTEMBER 30, 2022

FINAL REPORT

 **SWATH**

South West Arizona Town Hall

Attachment 6

COMPILATION STATEMENT
SOUTHWEST ARIZONA TOWN HALL FORUM
MENTAL HEALTH, SUBSTANCE USE AND HOMELESSNESS
SEPTEMBER 30, 2022

Mental health, Substance Use and Homelessness are intertwined with their impact on our population. The Southwest Arizona Town Hall (SWATH) held on September 30, 2022, at the Yuma Regional Medical Center Administration area focused on each area during breakout sessions, and prioritized early action plans with leveraged partnerships.

MENTAL HEALTH

Mental health is not a situation where you can give a pill to someone, and the problem goes away. It is a continuum of care. There are many challenges that face mental health care in Yuma County:

- The stigma involved with admitting a need for these services
- A significant lack of services for the general population, which reaches a severe level when considering certain populations, such as veterans, teenagers, the elderly, and children
- Insurance coverage for mental health issues
- Mental health service outreach to our region's large minority population that is culturally and linguistically appropriate.

There is a stigma with our population in admitting a need for mental health services. Intensive public outreach campaigns to stop the stigma around mental health are required. This outreach and mental health programs need to consider cultural, generational and linguistic considerations when preparing providers and determining types of providers necessary to work with our population.

Educating the community will help our community understand what is involved and what resources exist for all ages. Removing the stigma of mental health issues and developing the skills for individuals to self-evaluate or assist those around them is needed. Funding for these services is needed. It is important for families to have the education to recognize issues and the knowledge of what to do.

In the process of public outreach, both the stigma and education on available services needs to be addressed. Individuals do not want to be labeled. The emphasis needs to be on creating a safe space to discuss the issues big or small that everyone is facing. Developing a trust in system providers is essential. Recent legislation (HB2161) has made anonymity in the school system much more difficult. Teenagers are concerned that any problems they share will be communicated to their parents, which could make their living situations more difficult.

Covering mental health services for all ages is crucial. Mental health care can be very expensive. It is difficult to find coverage for different mental health populations in Yuma County, forcing families to travel out of town to search for needed services. Teenagers receiving out-of-town services have their lives disrupted, exacerbating their mental health condition, since they are taken out of their school and community. An expansion of Level 2 services for teenagers in Yuma County would be optimal. The current situation sees teenage mental health issues tying into other issues, including those of dropping out of school and substance use. The elderly population represents a growing segment of the population, in desperate need for services, with families that do not know how to help them. There is a lack of services for the specific needs of veterans.

Insurance coverage for mental health is a difficult path that most users do not know how to navigate. The lack of insurance can prove to be a huge obstacle to obtaining service. There is a great need for more local resources that accept all the necessary forms of insurance and ensure access to individuals. Wrap-around programs need to be available to continue progress made during treatment.

Yuma County is located on the U.S./Mexico border and includes a population that is linguistically and culturally diverse. Family is the cornerstone of our area. Policies and programs need to take into consideration the whole family/community that the individual is part of to ensure the health and support for the entirety of the family unit.

We do have programs that are in place and ongoing in our Yuma community. There is a need to prioritize outreach and deeper information to the community about the services available. Crane Elementary School District is one example of a program with social workers who hold group therapy sessions at school to help young students learn how to deal with issues throughout their lives. There are also school-based resources at the high schools that are available at no charge, but parents do not always know of these services. Yuma Union High School District supports the Yellow Ribbon groups, which provide peer support for students and are present in each high school.

Specifically, information needs to be provided to general health/support providers as to where and what the available services are to more adequately provide the necessary referrals, such as a mental health navigator. Such referrals also need to be available in Spanish and in multiple formats – online as well as by phone and in person. Hotlines for mental health assistance have been successful. Early identification of mental health issues can help with early intervention to help people. Referral systems need to have follow-through to ensure continuity of services. There should be advocacy to our elected officials for the awareness and need of funding for these services.

When building these programs, we need to ensure that we are building the bridges necessary to care for those who need assistance now. Funding programs is always an issue. To make programs effective long-term, we need to consider retaining mental health professionals through competitive salaries and leveraging the benefits of becoming part of the Yuma community. Burn-out of health care professionals is of great concern and we need to look for ways to combat professionals leaving this field.

“Growing our own” services should be a priority. A welcomed program is the Yuma Regional Medical Center psychiatry residency program. As part of the development of

this system and the education of new professionals, we need to look at our existing educational opportunities. By working with the universities, Arizona Western College, Yuma Union High School District, Southwest Technical Education District of Yuma (STEDY), Yuma Regional Medical Center and local agencies, we can develop the curriculum, programs and degrees needed to support the mental health system we create. It is also important to take advantage of the talent that already exists in our community, "Growing our Own" – creating and developing pipelines to the mental health profession. Scholarship opportunities are needed to provide interested individuals assistance to follow mental health careers. Expanding partnerships in education can be accomplished through career exploration and linking with companies in this field for job creation and systematic follow-up. Stackable credentials for students can ease their career path as could highlighting what mental health professions do.

Information sharing should be streamlined for more coordination and continuation of care and the ability to track care and follow-up. This relieves the stress and pressure that might be placed on the patient or their family. It also allows providers to understand needs and evaluate services provided.

Besides working with existing university and collegiate partners, we should look outside of the State of Arizona for best practices and programs that are effective in other areas. All populations, specifically minorities and age groups, need to be brought into the decision-making process. We should do a full inventory of what parts of the system are already in place and determine where gaps exist and how those gaps can be filled. A large part of that system evaluation will be talking to those directly impacted – patients and their families. It will also require meaningful discussion and coordination between AHCCCS, court systems, law enforcement, the medical community and schools – preschool to college.

Agency cross-training can help with coordination of referrals, services, and care. Programs need to consider ways to spread training to the wider community with those who can assist with mental health issues beyond those who are specifically health providers/social workers. Education of individuals who might make that first contact is essential: parents, caretakers, teachers, general practice physicians, pediatricians, law enforcement, religious leaders, and local agency providers. Police coordination with social workers to assess mental health problems on the street could help. By educating first contacts (parents and caretakers, teachers, law enforcement, clergy, court systems), we would be able to identify those in crisis or need, capture needed and necessary information and direct them to the best services.

In particular, coordination of care with mental health services is crucial. A one-stop center would be helpful. There needs to be quality, availability and accessibility of services for our population. Transportation to services in Yuma County is a prevailing issue and options to reach services need to be considered. Providing virtual as well as in-person care is needed, as is expansion of services that provide local services, evaluations for mental health needs and assisting the transition from in-patient to out-patient care. Evaluation of care through patient surveys is important.

We care about the needs of our population in Yuma County. By working together, we can help those in need and provide mental health services and education to all our population.

PRIORITIZATION OF MENTAL HEALTH

Vision (Action: Yuma Regional Medical Center/Dr. Magu)

- Engagement of members (80%)
- Reduced duplication of resources/services
- Communication – news

Action Plan

- Website – central source of information and services by December 2023
 - Host first meeting by November 30, 2022
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- Coordination of Care
 - Access and Coordination of Behavioral Health
 - Form an active coalition
 - Awareness Education
 - Increase pipeline for healthcare professionals

Mental Health Priorities for Yuma County

Preventive Outreach/Insurance Coverage for families and children

Service Outreach (make services known)

Community Education – one stop shop (bring resources together)

Expansion of Systems

Education (community, development of professionals)

Reduce stigma, normalize care

Health literacy

Funding

Infrastructure

Expansion of high-level and mid-level treatment facilities

Recruitment of properly trained mental health professionals, and support workers with lived experience

Expansion of peer support groups

Education, Schools and Community

Prioritize drug prevention.

Early and regular screenings for mental health concerns.

Integration between current support systems.

Leverage and build partnerships in Yuma County (Information into the schools and community about costs, risks and avoiding substance use.)

Financial Support for Treatment

Address financial barriers

Community funding and collaboration

Social media

Grants

Partnerships

Coalitions

Local multilingual intensive outreach and education program.

Expanding system that provides local services

Coordination of care through consortium for mental health services available in Yuma County.

Coordination of Care

Addressing the people's needs

Quality and availability of service

Distribution of resources available to the community

Create an active consortium for mental health (set an action plan and do a community needs assessment)

Expansion of formal education for healthcare awareness

Partner with all levels of education

Partner with agencies and employers

SUBSTANCE USE

We are experiencing a crisis; a crisis that needs to be brought to the forefront. In general society, substance use has been desensitized. However, substances - readily available on the street, at home and at school - can cause death. The presence of fentanyl, which is accessible and affordable, is growing substantially higher in Yuma County since it is being laced within other drugs. Although fentanyl is currently receiving much public attention, Yuma County has an equally large problem with methamphetamine. Vaping substances on school campuses are present during the day in the restrooms. There is denial on the individual, parent, and caretaker level that a substance use problem exists.

Challenges involved with substance use share many issues that are also present with mental health: the stigma for individuals or their family members to admit problems with substance use; education of the community about substance use; individual trust levels in existing medical and assistance systems; insurance coverage of the cost associated with substance use issues; and community outreach on resources available to address substance use.

There is significant stigma with conversations about substance use. Parents are afraid to talk about substance use. However, substance use may be considered normal at home, so children don't see its use as being wrong. Pain management is an aspect of self-medication that is readily available and seen as normal. Media entertainment and social activities may present substance use as a fun and social activity to the general population. Youth are seeking meaningful connections and when they don't find it or seek peer acceptance, they may find or rely on substances.

Sharing information about resources on substance use is important. Preventive measures will help our population to help solve problems before they escalate to a higher level. However, there is still stigma affiliated with substance use issues. Methamphetamine and fentanyl use are very prevalent in our community. Unfortunately, this substance use can reach a level where it escalates and disrupts people's lives.

One of the most important and meaningful ways to address substance use is to focus on prevention – educating children and teenagers about the risks and impacts of substance abuse and also educating parents and caretakers on the signs of substance abuse and the resources that are available. Education needs to occur on a community-wide basis, not just in schools, and at all age levels. We can capitalize on existing education programs and curriculum to develop those resources for educators. We can also utilize students that are motivated to help educate others on substance use and prevention to help promote and facilitate such education.

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A media campaign about the current risks and dangers would be impactful and would help educate adults about these issues. Such a campaign would help address parent and caretaker denial. The campaign could also be used to educate the public about resources available in our community.

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PRIORITIZATION FOR SUBSTANCE USE

Vision

Action: Yuma County Anti-Drug Coalition

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- Train teachers and school staff on drug awareness
- Educate parents and caregivers
- Media campaign (all channels)
- Town hall meetings at schools and community settings

Community awareness/social media

Safe place/zone for confidential discussions

Leverage/coordinate resources and relationships

Community collaboration to gain more funding for high level treatment and long-term tradition programs

Prioritize drug prevention education in our schools and support families including funding for such programs.

Continue to work on a holistic system instead of piecemeal for services provided.

Fund and build necessary infrastructure for rehabilitation and mental health.

Address financial barriers and insurance.

Community collaboration to gain more funding for high-level treatment and long-term treatment programs

Prioritize drug prevention education in our schools and support families including funding for such programs.

Continue to work on a holistic system instead of piecemeal for service provided

Personal statements of action

SWATH PERSONAL STATEMENTS

Prioritize drug prevention education by informing students and parents at school campaigns, public events, and providing information.

Prioritize drug education. Coordinate all organizations to increase community education, peer-to-peer education in work on awareness.

My goal is to educate Yuma County on the perils of substance abuse from Kindergarten through 12th grade. Community participation at school and small community grassroot teams/schools. Firsthand experience and testimonials and testimonial experience of lost loved ones.

My goal is multi-level education programs directed at students and their parents on the hazards, identification and consequences of drug use. Multi-level targeting of young adults and parents. Multimedia approach. Organize students against drug abuse in middle and high schools.

My goal is to prioritize drug prevention education through young serving organizations who provide services to schools and community (CSF, YCHO, YMCA, Boys and Girls Club, coalitions, juvenile centers) to begin implementation of services with community support.

My goal is to prioritize drug prevention education; to fund and build necessary infrastructure for rehab and mental health to address financial barriers and insurance. Create awareness presentations to parents in schools and/or public venues and provide them with statistics of drug use, overdoses, factors that contribute to substance use, and how to help their kids with resources in the community.

My goal is to prioritize drug prevention education by using social media to spread information, having speakers go to schools, having conferences that parents can attend, and beginning to expose drug education to kids at younger ages.

My goal is to prioritize drug prevention education by using billboards, guest speakers, using social media, and organizing a citywide rally.

My goal is to prioritize drug prevention education by getting students involved in awareness.

My goal is to prevent the use/misuse of substances through education to both adults and youth by collaborating with agencies that offer education.

My goal is to educate and raise awareness on substance abuse through social media, parenting education, youth education and partnership with local agencies.

My goal is to prioritize drug prevention education by passing information to the schools, going into agencies to promote recovery, providing information to the community, partnering with agencies, having communication meetings and educating myself to educate others.

My goal is prevention and education in schools and the community through social media campaigns, bridges resources into the schools, developing training for faculty, expanding billboard campaigns, getting literature posters out in the community, and developing a youth coalition.

My goal is drug prevention education through speaking to schools and parents.

My goal is to increase education and awareness surrounding us, stigma, treatment and resources to schools and community through partnering with schools to provide education, partnering with agencies to provide community training, and utilizing support groups and education facilities to carry out this message.

My goal is to prioritize drug prevention education through college level prevention and strategy sessions for education students.

My goal is to prioritize substance abuse/use prevention education through developing afterschool programs for children, integrating educational seminars and assessing the community and educating.

HOMELESSNESS

Homelessness in Yuma County affects everyone. There is no particular population nor age group that does not experience homelessness. Yuma County has initiatives to help with housing. However, housing inventory and funding is very limited. People may have vouchers for housing but cannot find housing. Housing vouchers may not cover the current cost of housing.

There are many buckets for housing for different groups: the mentally ill, substance users, etc. Difficulties arise for coordination of care and continuing to have housing provided. Keeping people housed is difficult.

Housing overall is hard to come by in Yuma County which means that those who do qualify for services or at risk for homelessness can't find the necessary housing to prevent homelessness. We are currently failing to adequately support those coming off services and transitioning them to self-sustainment.

Homelessness affects our students. Situations such as foster care can move students to another school, which is disruptive. The lack of inventory of housing also escalates this situation. These situations can also lead to issues regarding mental health and substance use. While the school system is designed to be a safe place for students, the lack of resources in their lives can disrupt their environment and lead to problems in their lives.

High school students in Yuma County may live with family members or friends, but without a permanent home address. College students may have federal financial aid, but the funds received would not cover housing as well. There may be an opportunity for students to talk with other students to help them with housing issues and do outreach with resources. It is essential to be approachable for students to feel confident and safe to speak with someone in authority. If private information is shared, it could worsen a student's life at home.

The elderly population has a big issue with affordable housing. Those on a fixed income are in shelters because they cannot afford the cost of housing at its current rate in Yuma County.

Transitional houses are utilized for the population that have transitioned from incarceration. These places are regularly full and cannot admit anyone else.

H2A workers require employers to provide housing and properties that used to be rental properties for families are no longer available since they have been acquired for these workers. During the produce season, it is very difficult to find housing. Since Yuma County is on the border, there is housing for H2A workers that may not be occupied due to federal law. This housing could be utilized for other individuals in need.

Stakeholders

Crossroads Mission is a presence in our area for those experiencing homelessness and provides help with resources. Building partnerships to create move living spaces is needed in Yuma County. Western Arizona Council of Governments (WACOG), is a possibility for partnership since they work with a population that needs housing. Transitional Living Center Recovery also provides housing. Arizona Community Foundation is present in rural areas and can partner on this topic. Yuma Regional Medical Center is another potential partner. There are elderly patients who have been dropped off by their family and the hospital is told their family can no longer care for them. There are also those who do self-harm who are housed in the hospital. Homeless in our area also are housed in prison. The Arizona Long Term Care program is another partner that helps those in need of housing.

Other partners Yuma works with to combat homelessness include shelters, rapid rehousing and programs through the Housing Coalition of Yuma. The need is to work toward better identifying underlying issues causing homelessness for individuals, specifically mental health and substance use. We need to include services to combat these underlying issues and support family members before these issues create homelessness. Once individuals suffering from mental illness are homeless, we need to attempt to meet them where they are. Mobile mental health services are needed.

Obtaining a list of the organizations participating in this SWATH forum and what they provide would be very helpful to move forward with knowing who provides what in Yuma County, such as a resource guide for services provided. First Things First provides a resource guide for Yuma County for needed resources for children 0-5 years old.

Initiatives

Tackling homelessness should be a coordinated effort led by a coalition of entities that already provide some source of housing assistance. The Yuma Coalition to End Homelessness already exists, but it may need to be supported and propped up by those local entities so that we can address overall needs of the community. In addition to strengthening or restructuring the Coalition, we can expand on existing housing assistance programs through local agencies. Depending on the Coalition's mission and/or resources, a separate coalition may need to be created to fully address the needs of the community.

We need more job training opportunities for our homeless community. Organizations such as Arizona@Work, Regional Center for Border Health, and Crossroads Mission are currently offering these services. We need to get higher education involved to offer more certifications.

Partnerships should be developed between Crossroads Mission, city government, county government, Safe House, school districts, Yuma Regional Medical Center, Yuma County Intergovernmental Public Transportation (YCAT), Western Arizona Council of Governments (WACOG), Salvation Army, Regional Center for Border Health, and churches. The business community should also be involved, possibly through the Chamber of Commerce. Yuma Coalition to End Homelessness, ACHIEVE Human

Services, Yuma Community Food Bank, Amberley's Place, Catholic Charities, Transitional Living Center Recovery, Oxford House, HOPE Center, Union Pacific, Victory Outreach, and National Community Health Partners also represent potential partners. Homeowners with multiple properties could increase rental availability. Investors are needed to build properties to fill federal assistance housing programs.

The homeless population is a part of our community and should be provided the opportunities and resources that are needed to increase quality of life. Individuals and families should be able to go to one place for all of their needs - a central access point to support services. Housing assistance should use the "Housing First Model" and provide wrap around services. Supporting homeless requires a holistic support system that includes housing, case management, life skills training, and more.

We need to expand our understanding of who is classified as homeless, specifically needing to consider those who simply stay with different sets of family and friends. Limiting access to services to only those who are actually sleeping on the street, prevents services to those in need. Definitions of "homeless" are compounded by the stigma of homelessness, which prevent families and individuals from seeking services out that are available.

Our regional approach to homelessness is strained. Crossroads Mission has taken on a big role in supporting our local homeless population, but they are filling up and not able to fully support at their current capacity.

Homeless find public spaces appealing because they can just be. For example, local parks have had to close earlier, and drug use is happening in public bathrooms, while families are in close proximity. Local police have had to do more monitoring of these public spaces.

The easing of panhandling laws and restrictions has made it more lucrative for homeless residents to stay homeless and not seek local support services.

We have a real need for affordable housing throughout Yuma County. Finding a rental has become difficult. There is a lack of available affordable homes and apartments, and rent is increasing while family income (payroll, public assistance, Social Security) stays the same. This is leading families to become homeless if they do not have the resources to afford or find a rental.

PRIORITIZATION FOR HOMELESSNESS

Vision (Action: Yuma Coalition to End Homelessness)

- Central Access Center – planning and development
- Grant and resource development
- Communication plan/completion of website
- Larger community meeting (SWATH to assist)

Prioritize drug prevention through community education in messaging and campaigning to assist with unblocking federal and state of Arizona restrictions through District representatives and legislators involved.

Integration of current support system

Coalition within the community to form the group to provide resources – town halls focused on the issue and action items

Role modeling concept to allow visitors to share their clean and sober

Meet with legislators to help fund and continue organization

Fund and build the NEC infrastructure and program

Collaborations with law enforcement, church, healthcare, and academics to advocate to state and federal entities

Build on Yuma's Coalition to End Homelessness (all agencies involved)

Create central access location facility under one roof

Create one place where people can go for services

Build awareness

Affordable housing

Assistance Programs (rental)

Regulate fentanyl increases

Rapid re-housing

Redefine homelessness beyond those living on the street to include those in unstable housing.

Identify the population and underlying reasons including mental health issues

Provide services where the homeless are location to treat underlying issues

Yuma County is known for its collaboration. We can work together to provide solutions to these issues.

Southwest Arizona Town Hall
Mental Health in our Community
May 20, 2022

Question 1

What barriers do people face in addressing mental health needs in our community community(ies)?

For each barrier – what solutions come to mind?

There are many barriers that people face in the Yuma County area. The core barriers to those addressing mental health needs in Yuma County are a lack of local services, both direct and supporting. Services such as transportation, the cost of services and dealing with insurance/ referral requirements, plus the stigma around mental illness are challenging. Key populations that face barriers in the Yuma community are young people and senior populations.

The first hurdle facing those addressing mental health needs is overcoming the stigma of mental illness and needing mental health services. Unfortunately, many individuals who are suffering are afraid to reach out since they don't have anyone to talk with about their issues and they don't want to go through this trauma alone. In particular, it is important to overcome the stigma before acute inpatient services are needed. To assist in overcoming this, programs such as the Yellow Ribbon program and other programs within our schools provide the safe space necessary to acknowledge the need for mental health services. This type of outreach should be supported by the public and could potentially help as an evaluation program, as schools are understaffed and need support in their efforts. This support and outreach should include formal educational programs on mental health, public forums and presentations attached to professional organizations. There should be more opportunity for people who are affected by mental health to tell their stories so that others in the same situation can relate and are inspired to get help.

Once the stigma is overcome, individuals and families in Yuma County then are faced with knowing where to go and how to deal with access to professionals and services. This occurs both in the realm of direct services and obtaining and working through the insurance process. For families of those dealing with mental health needs, the lack of local services greatly impacts families compounding the issues their loved ones are facing with having to take time from work to travel to Phoenix or elsewhere. This increases the difficulty since there is a lack of a standard referral system and insufficient coordination of services for individuals who are in need of services. Additionally, there exists a disparity of services for individuals depending on their type of insurance coverage. The best solutions for bringing those services back to the local community is to begin to grow our own services, and retain professionals already located in our community. For the issues

of disparity, it would be helpful to have a public evaluation program that would allow individuals to determine what types of services they may need and qualify for.

Many constituents do not know where to go to address mental health needs. A designated, one stop site where people can go for information and resources on mental health and providers is needed. Individuals that need help may not know that they need help. Knowledge of how to obtain guardianship and resources for families to have voice in this situation is crucial. Some individuals do not have the resources nor insurance to help guide them to needed assistance. Providers in Yuma County are being inundated by the numbers of patients.

Family physicians are often the first place that patients go to for help; however, they may not be adequately prepared for diagnoses for mental health. There is concern that mental health issues may be misdiagnosed or discounted as “just a kid thing” for young people.

There are providers in Yuma County, but often not those who are specialized in younger ages, which limits what can be provided to that age group. There has been a recent increase in teenagers who need assistance, particularly for depression. If service cannot be provided in one location, patients are referred to other providers in other locations. There is a concern about the waiting time for patients to see providers.

The cost of services for mental health is very expensive. Some therapy may not be covered by medical insurance. The lack of pediatric mental health services is of great concern. While there are medications for various mental health issues, medications in this area were underdeveloped for many years. Many current medications for mental health issues are not generic and can be costly.

Waitlists to receive services can be very long, making the patient feel that they are forgotten. Including a bridge so that patients can obtain assistance while they are waiting and focusing on better working relationships with outside facilities would help patients transition to care.

There is a lack of specialized mental health care, particularly for young people and the elderly. The high school system has seen a definite increase in mental health issues with students. There have been issues with how to access funds to pay for services needed. The high school district has a social worker on site for each high school, and has partnered with other agencies to provide services to students without students and their families needing to be concerned about how these services are paid for. It is necessary to be proactive on how services are provided to young people.

For seniors there is concern on accurate diagnosis of the patient and for elders, the additional issue of dealing with technology based or supported services as many of them lack access or knowledge on how to use those technologies.

There are challenges for individuals with mental health issues who go through the court system. The paperwork to obtain access is difficult, especially for the homeless. There is a cycle of homeless individuals not receiving timely assistance, which may cause them

to walk away from help. To better understand what these individuals go through, it is recommended that residents attend a mental health court to see what happens during this process and learn more about this service to the community.

The psychiatry group has adapted to the ongoing crisis in mental health. These personnel are on call at the hospital to focus on meeting the needs of individuals who need help. Family doctors also help patients who require assistance. There are opportunities for family members to learn about the paperwork needed for patients and how to advocate for the patient. Workshops for general practice physicians would help those who first see patients with mental health issues.

This all leads to the largest barrier faced by those looking to address mental health in the Yuma Community, the lack of local services. While there is telehealth mental health services provided to students at the college, having local services would provide more coverage. This barrier encapsulates not only a lack of inpatient and outpatient services directly, but the lack of transport to such services and support for those who are trying to care for family members dealing with mental illness. The central solution to the lack of local services is to "grow our own", that is to provide an educational program locally, that educates and creates the necessary mental health professionals and support staff that are needed to provide the level of service that is lacking in the Yuma Community.

Question 2

Think about our vision to develop expanded behavioral health in our region for generations to come. What specific needs / services would you like to see developed/prioritized in the next 5 years?

In the next five years, Yuma County would benefit from a local hotline that could provide services to individuals in need of assistance. Strengthening and expanding the crisis team and preparing them to work with youth would benefit our area and lessen the wait time. Coordination of care between the providers, families, and schools is crucial. It is important that the psychiatry group at the hospital grow to be able to meet the needs of the community, including more therapists and therapists who are prepared to help young people. A caseworker who helps patients navigate the system would help those who need assistance. Overall, people in the community need to know what steps are involved in providing assistance to individuals with mental health issues.

Over the next five years the Yuma Community would be best served in expanding systems that provide local services, evaluations for mental health needs and assisting the transition from inpatient to outpatient care. While the current psychiatry services provides needed assistance to our county, specifically, an expansion to the educational opportunities in mental health services locally, would allow for the growth of local services and in recruiting mental health providers and case managers. Yuma County would be

greatly impacted by the institution and expansion of a formal education program in mental healthcare as it would establish the providers so desperately needed. In this expansion we need to look not just to the quantity but also the quality of those services.

A future benefit to Yuma County would be creating a psychiatry residency program so that this service could be expanded locally. A beneficial goal would be to grow current systems in place while working toward the "grow our own" idea of ensuring there exists in the Yuma community the professionals, staff and facilities for inpatient and outpatient services. To get there we can begin with building direct services through in-person and virtual services, then move towards growing and retaining locally the professionals and staff for Inpatient and Intensive Outpatient. Once those systems are in place, we can grow the reach and quality of the services by bringing in non-profit and for-profit agencies, schools and the public. The continued availability and funding for services in the school setting during this growing process has already been shown to be invaluable for the well-being of adolescents in the community. In particular, Yuma County needs to consider transportation options for different age groups to be able to access care.

It is crucial to provide mental health services to all age groups. There are currently only two facilities within the state who accept teens. It is necessary to augment these facilities to help families with teenagers who need these services and including one in the Yuma County area would help. Sending their children away for an unspecified amount of time is very difficult for families. The geri-psych group represents a population that is challenging to find assistance for as guardianship can take months to process in certain cases and appropriate diagnosis can be difficult.

Doing a survey for patients requiring mental health assistance would benefit our community assessing the quality of service provided. This could be a critical next step to improve the quality of care in Yuma County. A centralized database would also help provide needed care to patients.

Above all, the vision for the future needs to be centered on the concept of a "safe place" where all individuals can have somewhere or someone individuals can go to in order to talk and feel safe.

Question 3

What are the opportunities to leverage and build partnerships that would enhance access to mental health services and support?

Leverage and partnerships need to be based on trust and individuals need to be able to give that feeling of trust in return.

A consortium for mental health services could benefit Yuma County so that all could benefit from across-the-board service. The Portland, Oregon, area has created a one stop mental health center through partnerships. The Yuma County Health Department

would be a strong resource to get people to the appropriate location for mental health. This department has started to receive grants to fund this initiative.

Partnering within education is important. The education system is one that has been partnering to provide services to our county. Northern Arizona University – Yuma and Arizona State University provide social work interns who provide services within area schools. Increasing awareness through partnering with local schools is an opportunity. Schools, the college, and universities, churches and non-profits could host events and increase social engagement on this topic as well as engage in partnerships for training. Sharing resources to help our community is crucial.

It is important to advocate for Yuma County to our elected officials. Access to funding and services for mental health is essential. Building relationships with the school districts would help our community augment needed relationships. Binational collaboration would assist in helping our border area population.

A key facet of leveraging those services currently available and the experts in Yuma County is to somehow spread the information in a comprehensive manner. With this type of information partnership, individuals and organizations can discover and leverage the availability of services, programs and funding to expand services so that best practice information to those looking to address mental health in our community is available. Some services currently present or arriving online include the 988 services for mental health emergencies which will include a texting option for adolescents and those who do not feel comfortable speaking on the phone; 741741 which is a national hotline; and First Things First, which has a Yuma Region Resource Connection Guide. Once these services have been identified looking towards expanding programs that are in existence, like the high school Yellow Ribbon program, could be expanding outreach to the Jr. High School level. A lack of resources is always a concern when considering expansion.

Question 4 (Orange group and Paul's group)

What will be my action to impact change?

I commit to continue supporting those on the front lines who do the hard work in ways that I can.

Sharing my story with helping those I love and myself to get services and evaluations. Working with nonprofits to build solutions.

I plan to continue to support the leadership of YRMC and their commitment to addressing the needs in Yuma.

We are committed to continue working with all available resources and learn from the experts. With the additional knowledge, the doors open a little more. We want to make this right and to meet our community needs.

Continue to educate and advocate on the stigma around mental health.

Talk about it! Let's get rid of the stigma.

Form a group to hold providers accountable.

Be the voice for the individuals who cannot speak up for themselves.

Partner with the courts and the justice system.

Connect the field of substance abuse more with the mental health agencies we have in town.

Investigate putting up mental health education tools in the waiting room of our clinic or in the rooms; help expand our resource list.

Educate our community about mental/social health; advocate for our youth to get more resources in Yuma County after they get referred.

Provide a safe place for a spiritual component.

Implement a substance abuse teaching curriculum in our residency program.

Help with the development of the psychiatric residency.

Reach out to community partners to create a community referral guide.

Get that information out to student's families.

Create internal staff mental health program, and whatever I can do.

Continue to work towards bringing voices forward of those who have faced mental health issues.

Southwest Arizona Town Hall
Substance Use in our Community

June 10, 2022

Question1

What are the underlying causes of substance use disorder and the increase use of fentanyl in our community? What are the barriers or lack of support for treatment and support for those experiencing substance use disorder in our community(ies)?

The underlying causes of substance use disorder in the Yuma community are mental health issues, environmental factors, familial factors, and societal factors. Often drugs are being used to change the way an individual feels emotionally. Substance users may not intend or know the repercussions of the road they are following. Additionally, particularly with minors, the lack of familial and peer support causes individuals to seek the use of substances to deal with emotions and thoughts they are struggling to cope with.

Yuma County's proximity to the US/Mexico border creates more accessibility to and availability of drugs. Some young adults participate in drug trafficking because it is an enticing opportunity to make more money than in a traditional job. For those selling fentanyl, it is inexpensive to buy and then mark up.

It has also taken a long time to get the word out about the severity of fentanyl. Fentanyl is very potent, even when compared to other drugs, which makes it very dangerous. This drug is highly addictive, inexpensive, and easy to get, which is a very dangerous combination.

Drugs have long been a form of self-medication for those dealing with mental health issues, such as anxiety and depression, and fentanyl is no different. The Yuma County community is dealing with a lack of resources for mental health which deepens the problem. There are also many young children exposed to fentanyl, which means we need to begin drug education much earlier.

There are many barriers, lack of support for treatment, and missed opportunities to provide support for those experiencing substance use disorder in our community. To start, careers in treatment support and rehabilitation are not well-paid for the amount of work and stress involved. Caseloads are large, time intensive, and stressful to manage. Yuma County lacks the necessary mental health facilities and providers in our region and needs more funding and resources to make this happen.

Pathways to recovery need to be more accessible. Insurance coverage for mental health is difficult to navigate, such as understanding what is covered, what is not, or how to get access to financial support.

The Yuma community faces barriers such as the cost of treatments, access to treatments, delay of care and support to community members. These barriers often overlap through the stigma and shame that families and individuals facing substance use issues. This can be seen in requests of families seeking treatments on Sunday afternoons or other times they anticipate others not being in the facility. The judicial system can be a solution to the barrier, and local expanded treatment options making access to treatment easier and more affordable both for patients and families would help to dismantle many of the barriers to treatments.

Family issues can also be a barrier to treatment. Those who need substance abuse treatment don't always want to be helped. To support the treatment, family members need to be prepared to give a lot of time and attention to help the one in need.

Solutions to these barriers include the need to empower young people to feel better about their choices and their future. Drug prevention should not be approached from a place of fear and darkness. We need to show young people that they are in control of their future.

Parents need to be empowered to support their children through more education opportunities, offering more Spanish language resources, and by bringing all healthcare providers together - one stop where all elements of health can be addressed – physical and mental.

Question 2

Think about our vision to develop expanded substance use disorder treatment and awareness in our region for generations to come. What specific needs / services would you like to see developed/prioritized in the next 5 years?

In Yuma County the greatest need is the expansion of high-level treatment facilities in the County as patients and families struggle with having to travel to receive in-patient treatment and support those family members trying to support those individuals. Critically, the Yuma community needs a Level 1- Inpatient treatment facility. A key aspect in these expansions is to ensure that it includes availability across economic strata, specifically those not on ACCESS or other government support. Additionally, as these services are being expanded, the expansion needs to include services for families and caregivers.

Another service that would be helpful in preventing substance use are early and regular screenings for mental health concerns before such mental health issues lead to drug use. This would be accomplished through expansion to primary care providers.

We must fund and build the necessary infrastructure for rehabilitation and mental health to include: support for those with substance use disorder navigating the healthcare system; building of more facilities; and recruitment of properly trained mental health professionals. As part of this infrastructure, we must focus on growing our own mental health and rehabilitation professionals. We could encourage those who want to get clean and sober to follow careers that support and guide others who want to get clean and sober. Peer support is beneficial and powerful.

When thinking of our vision to develop expanded substance use disorder treatment and awareness in our region today and in the next five years, we must prioritize drug prevention education in our schools (all ages) and within our region. Educational resources need to be more readily available, in both English and Spanish.

Finally, a prioritization of the integration between current support systems to ensure individuals do not fall through the cracks or repeat treatment is critical to lowering the overall substance use in the Yuma community. This could be done by a holistic system instead of piecemeal for the services that organizations provide directly to individuals. This would ensure that any service provider would have the ability to tailor treatment to an individual's specific needs

Question 3

What are the opportunities to leverage and build partnerships that would enhance access to treatment, awareness, and intervention services and support?

There are many opportunities to enhance access to treatment, awareness, and intervention support and services by leveraging and building partnerships in Yuma County. We already do well working together and currently have many agencies working toward addressing drug prevention, mental health, and rehabilitation.

We must use this community collaboration to gain more funding, such as grants, non-traditional partnerships, and coalitions, to support the work being done and the work that is still needed. We can better utilize social media for community outreach and peer support.

The Yuma community can leverage its relationships with the University of Arizona and other higher education facilities, the hyper-local drug prevention and treatment organizations throughout the county to blanket the entire county in information and

partnerships between law enforcement and health care professionals to educate the community, particularly students, on the risks of substance use, and peer support groups.

The partnerships that the community has with higher education facilities can be leveraged to encourage the expansion of mental healthcare provider education, particularly mental health providers, that can catch the co-morbidities before these issues arise and lead to substance use. While the partnerships between the hyper-local drug deterrence and treatment programs that are already doing great work within the communities of Yuma County can provide coverage across the county, providing clearer information as to the process for seeking help and the dangers of overdoses. This would also include cross border programs for those families that are living on both sides of the border.

Additionally, the partnerships between law enforcement and health care professionals with schools can be leveraged to get information into schools about the costs, risks, and avoiding substance use to begin with. The creation and expansion of peer support groups creating grassroots support for individuals, again particularly students, to reach out and discuss their issues without the stigma associated with going to professional care initially.

Question 4

What will be my action to impact change?

Continue to lobby for Federal and State Funding and get more involved in community actions.

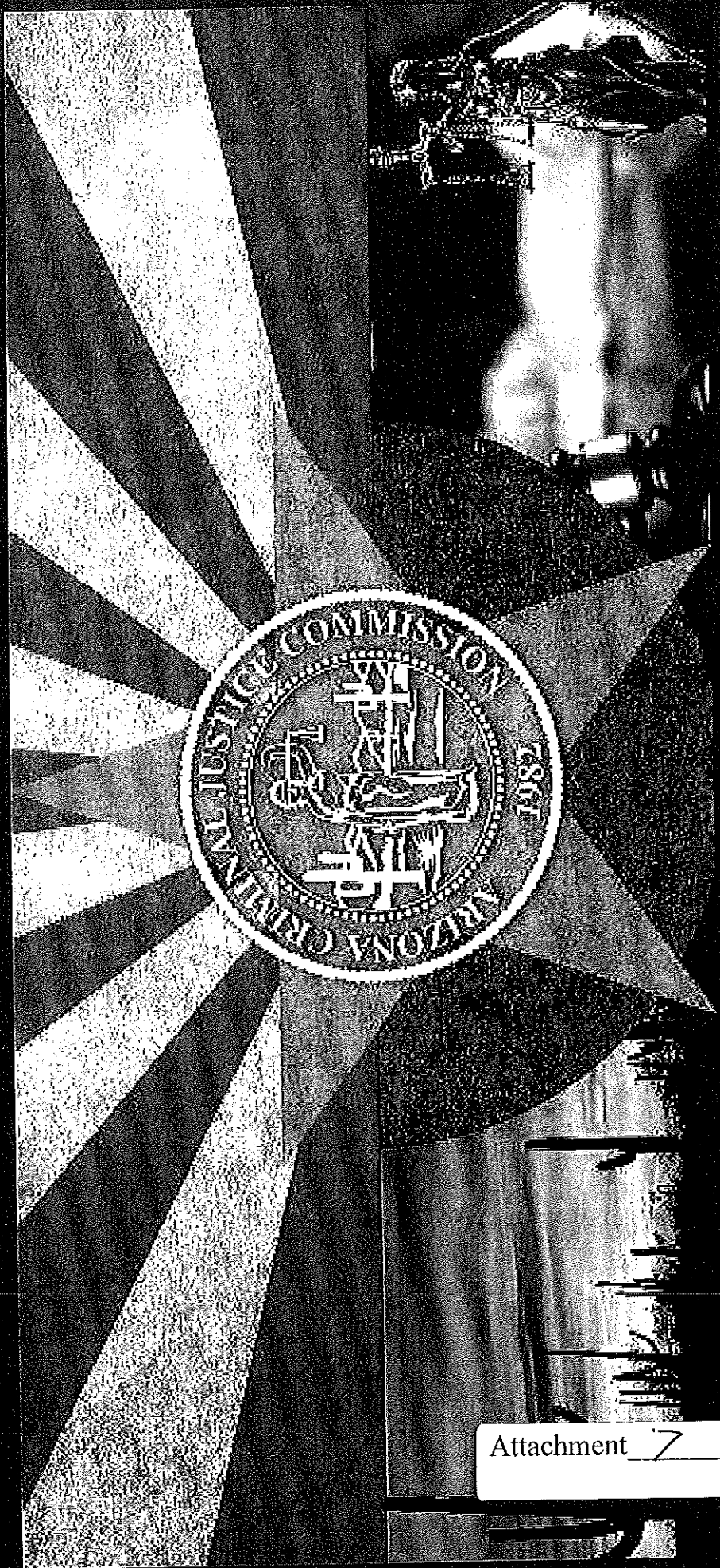
Continue to be available to my community on the front line continue to educate all people on these crises.

Continue to listen to the experts in the field, families and community that are impacted in order to develop strategies that are community driven.

2022

2022 Arizona Youth Survey

Arizona Criminal Justice Commission



What is this Arizona Youth Survey (AYS) I Keep Hearing All About?

- Mandated by A.R.S. § 41-2416
- Biennial survey of 8th, 10th, and 12th grade students in schools across all 15 counties
- Assesses the frequency of problematic behaviors and their correlates
- Based on nationally recognized surveys, including Communities that Care (CTC) and Monitoring the Future (MTF)
- The AYS is administered by teachers or other administrators in each school.
- The survey is:

Anonymous	Voluntary	Free for
schools		
Available online or paper-pencil format		
Administered on a day specified by the school		
- Passive parental consent forms
- The AYS is the nation's largest, longest running survey of





2022 AYS Participation

Table 1. Participation in the 2022 Arizona Youth Survey

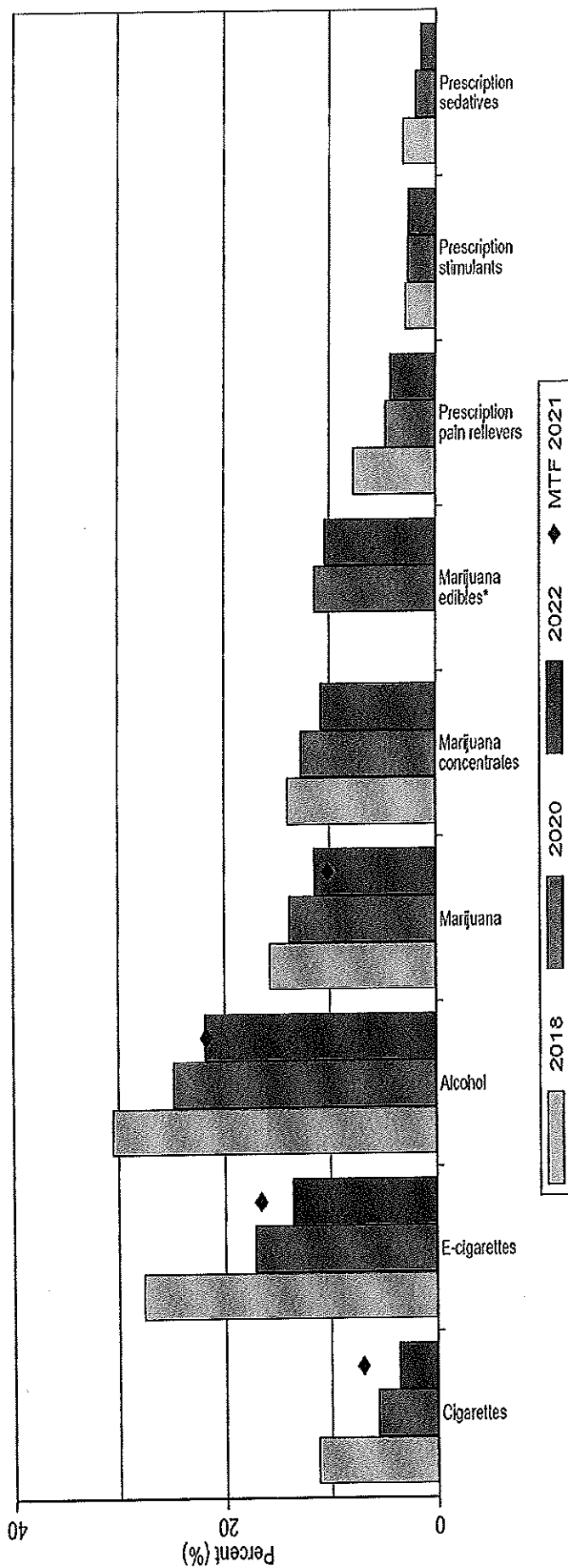
	AYS Participants		State Total		Participation Rate	
	Schools	Students	Schools	Students	Schools	Students
County						
Apache	4	422	28	2,403	14%	18%
Cochise	16	2,330	45	4,413	36%	53%
Cocorino	9	1,724	37	4,150	24%	42%
Gila	4	594	20	1,658	20%	36%
Graham	5	396	19	1,463	26%	27%
Greenlee	2	212	4	379	50%	56%
La Paz	4	283	10	511	40%	55%
Maricopa	174	32,201	737	180,484	24%	18%
Mohave	15	2,137	33	5,126	45%	42%
Navajo	5	767	39	4,199	13%	18%
Pima	18	3,474	188	34,034	10%	10%
Pinal	15	2,132	74	13,029	20%	16%
Santa Cruz	8	1,724	16	2,543	50%	68%
Yavapai	15	2,208	64	5,689	23%	39%
Yuma	7	844	34	9,094	21%	9%
Total						
State	301	51,448	1,350	269,175	22%	19%

Table 2. Summary of Participants

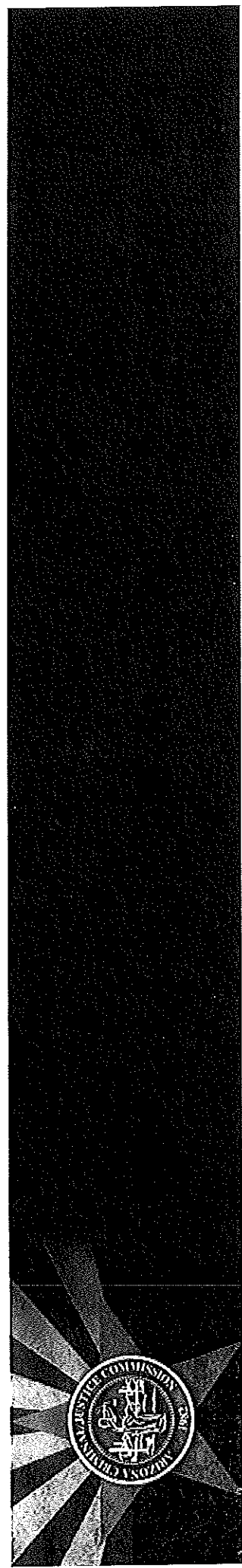
	State 2018		State 2020		State 2022		NCES State Total 2020- 2021*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Students by Grade								
Grade 8	17,144	35.0	9,843	32.8	22,380	43.5	90,501	33.6
Grade 10	17,748	36.2	11,267	37.5	17,464	33.9	88,566	32.9
Grade 12	14,099	28.8	8,942	29.8	11,604	22.6	90,108	33.5
Students by Gender								
Male	24,297	50.0	14,913	50.0	25,459	49.6	136,050	50.5
Female	24,334	50.0	14,920	50.0	25,859	50.4	133,125	49.5
Students by Race/Ethnicity								
White (non-Hispanic)	18,347	37.7	13,534	45.3	16,857	32.9	100,106	37.2
Hispanic	22,668	46.6	11,972	40.1	26,377	51.6	124,527	46.3
African American (non-Hispanic)	2,320	4.8	1,301	4.4	2,526	4.9	14,868	5.5
American Indian (non-Hispanic)	1,640	3.4	862	2.9	2,017	3.9	12,411	4.6
Asian/Pacific Islander (non-Hispanic)	1,490	3.1	835	2.8	1,308	2.6	8,840	3.3
Multi-racial	2,228	4.6	1,369	4.6	2,075	4.1	8,423	3.1

Grade 8 Substance Use

Lifetime

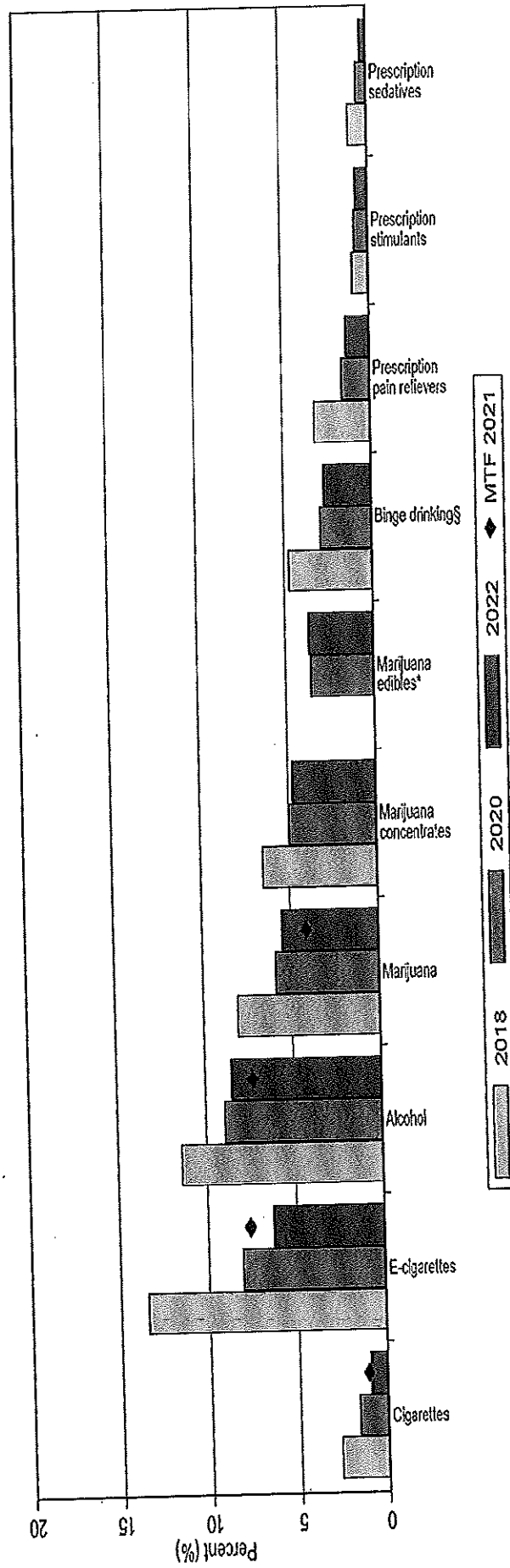


*This question was not asked in 2018.



Grade 8 Substance Use

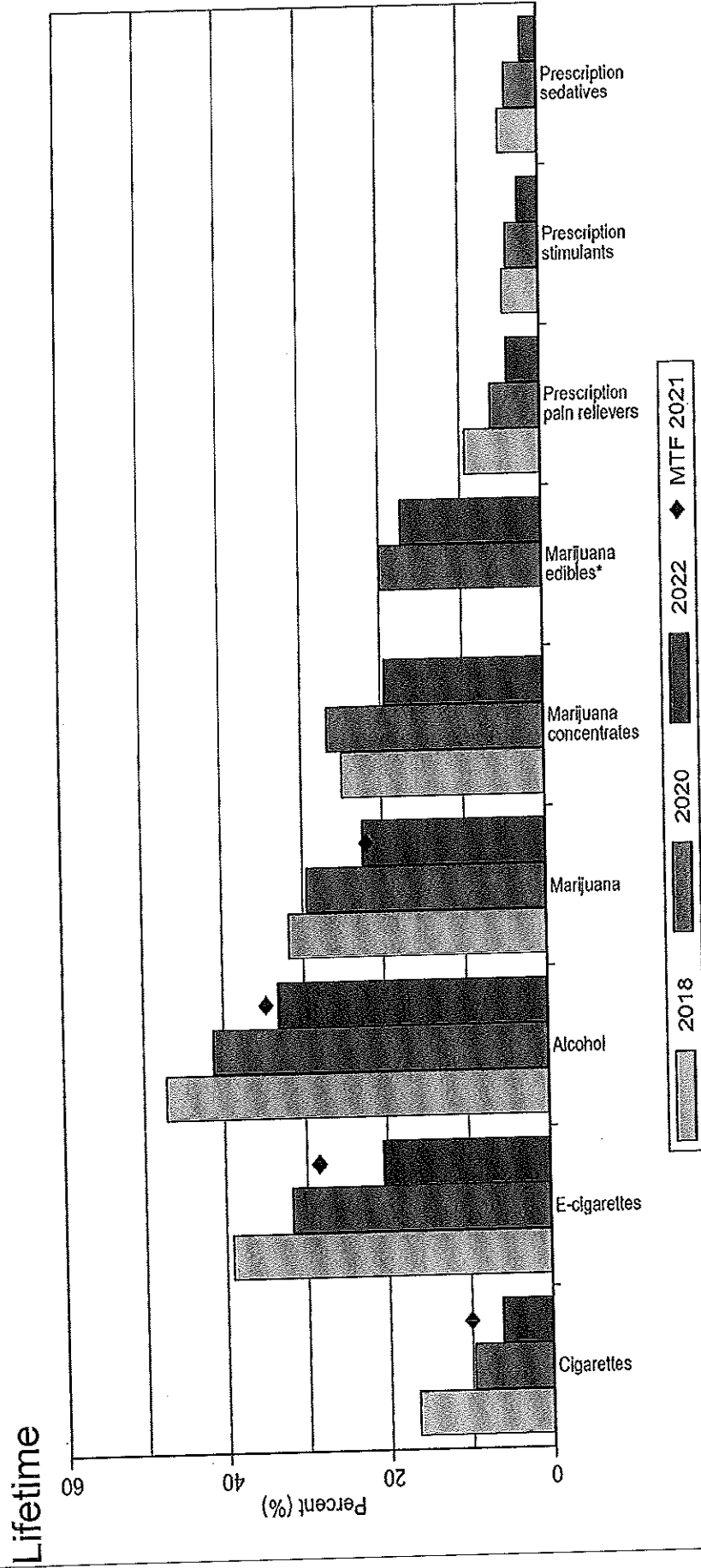
Past 30 Days



*This question was not asked in 2018.
 ‡This question indicated whether youth had 5 or more drinks in a row during the past 2 weeks.



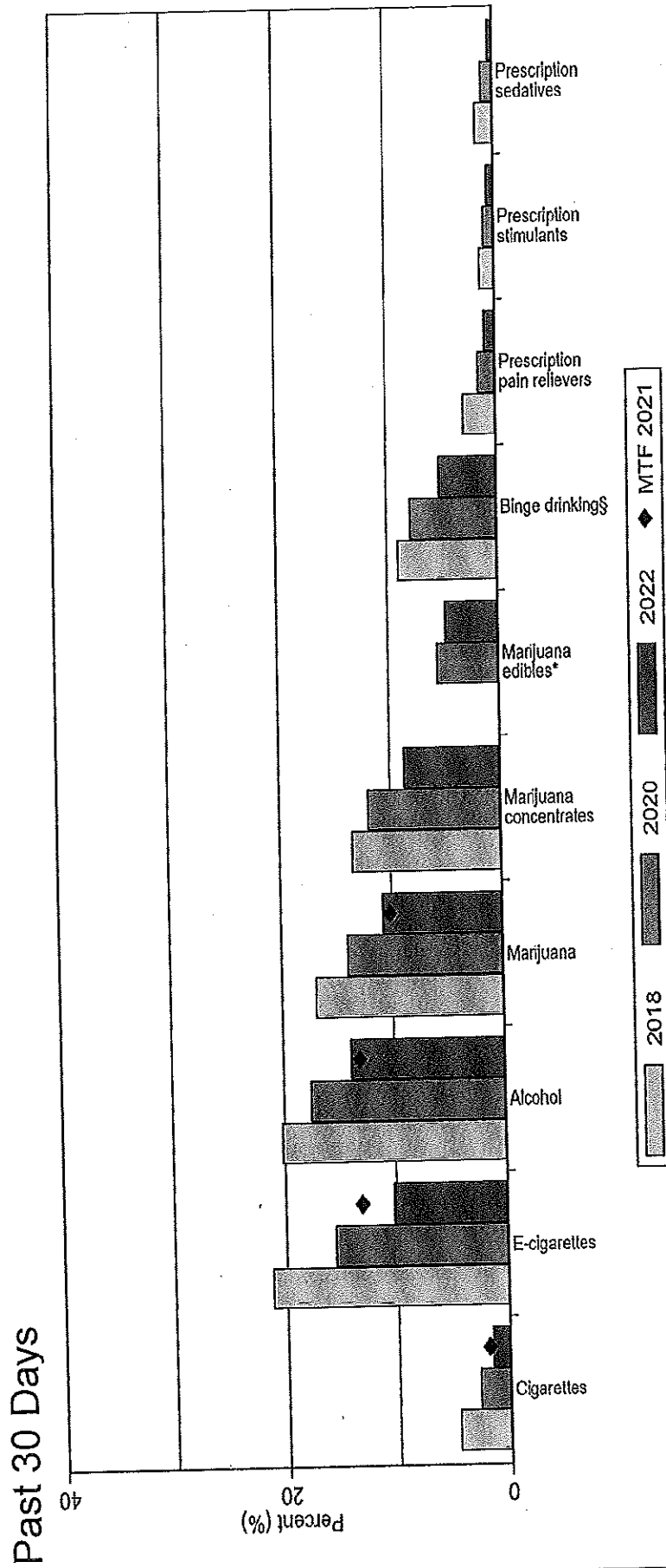
Grade 10 Substance Use



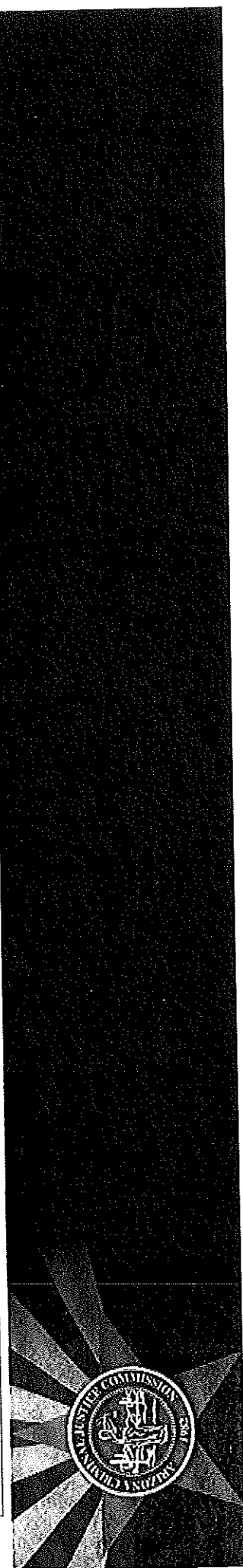
*This question was not asked in 2018.



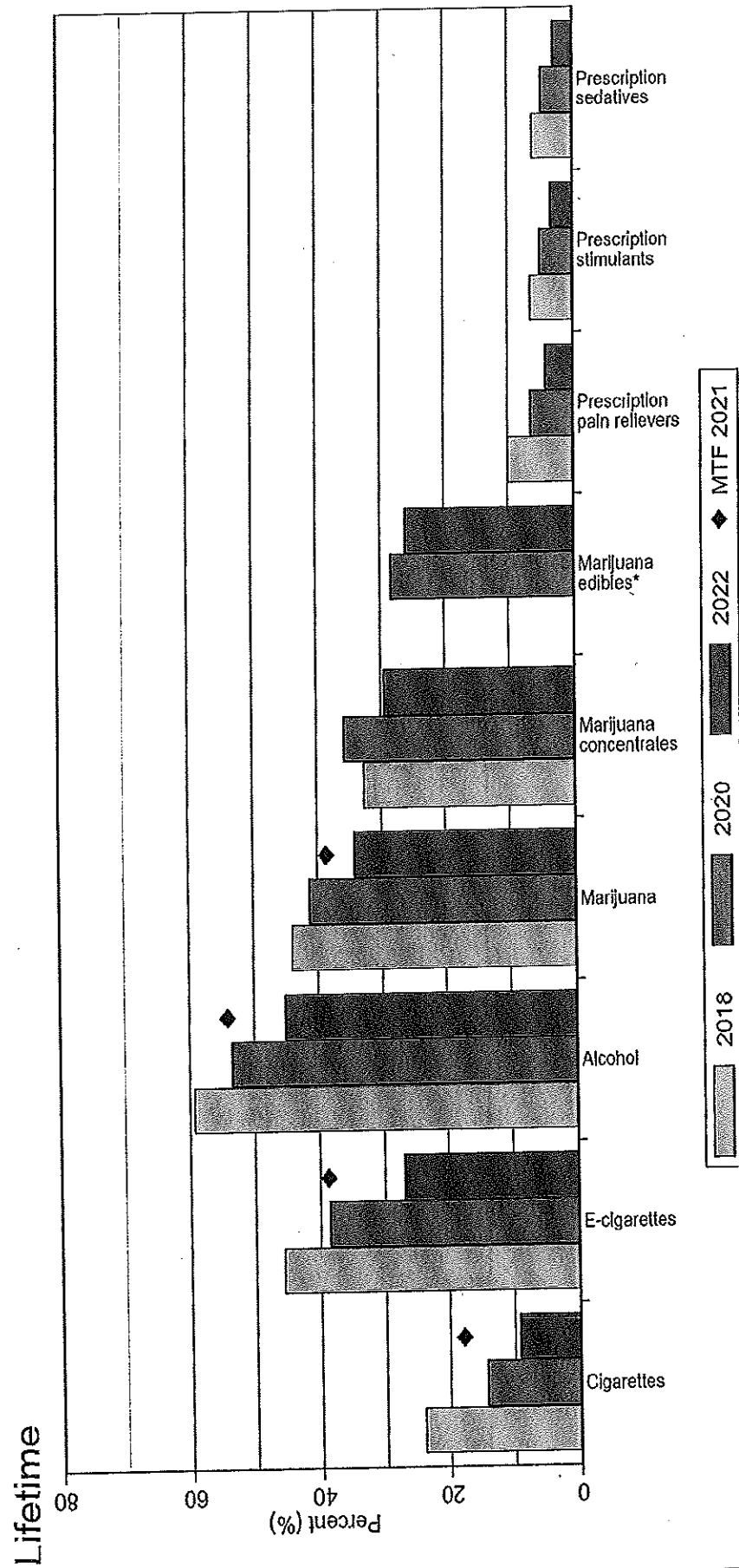
Grade 10 Substance Use



*This question was not asked in 2018.
 \$This question indicated whether youth had 5 or more drinks in a row during the past 2 weeks.



Grade 12 Substance Use

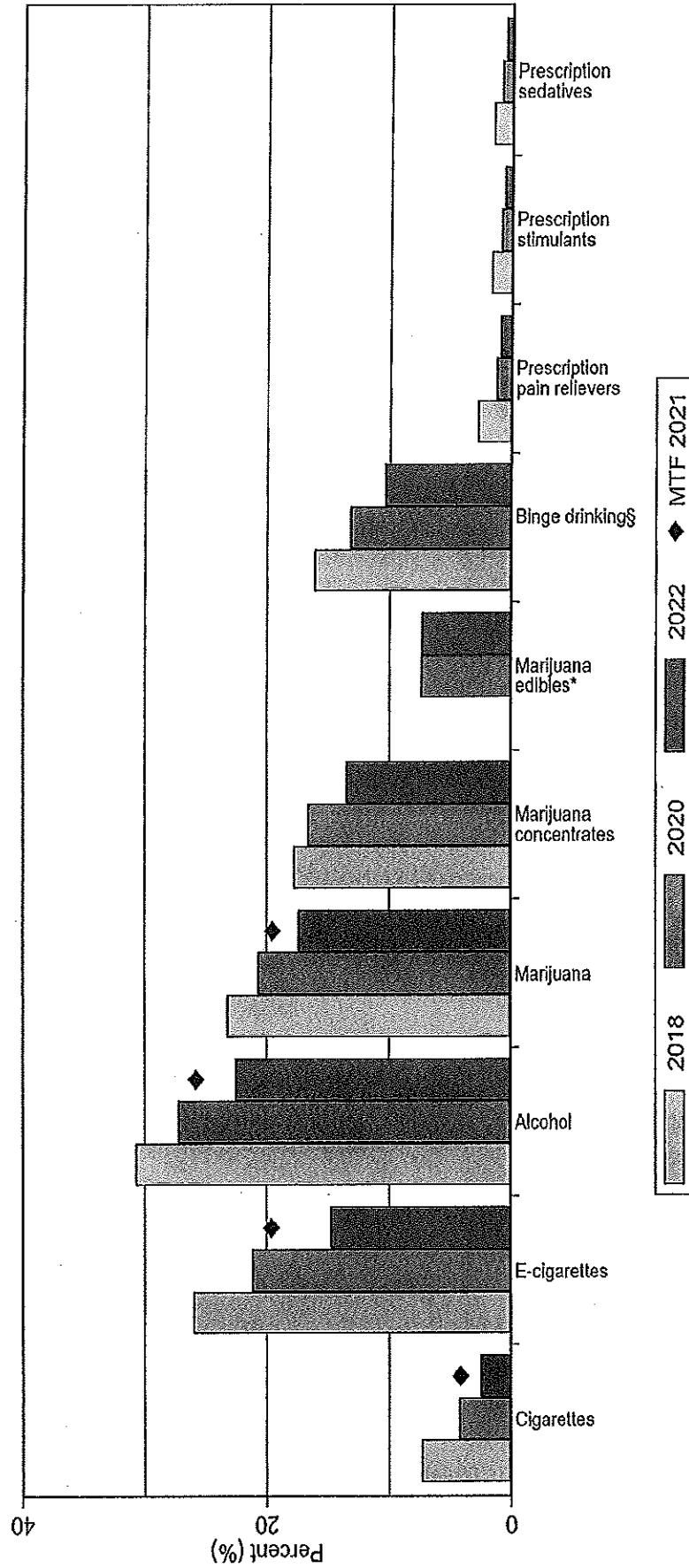


*This question was not asked in 2018.



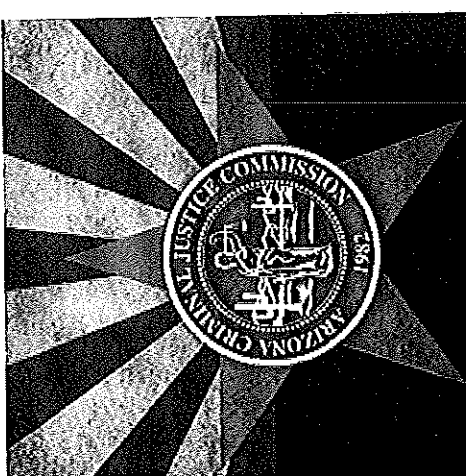
Grade 12 Substance Use

Past 30 Days



*This question was not asked in 2018.
§This question indicated whether youth had 5 or more drinks in a row during the past 2 weeks.





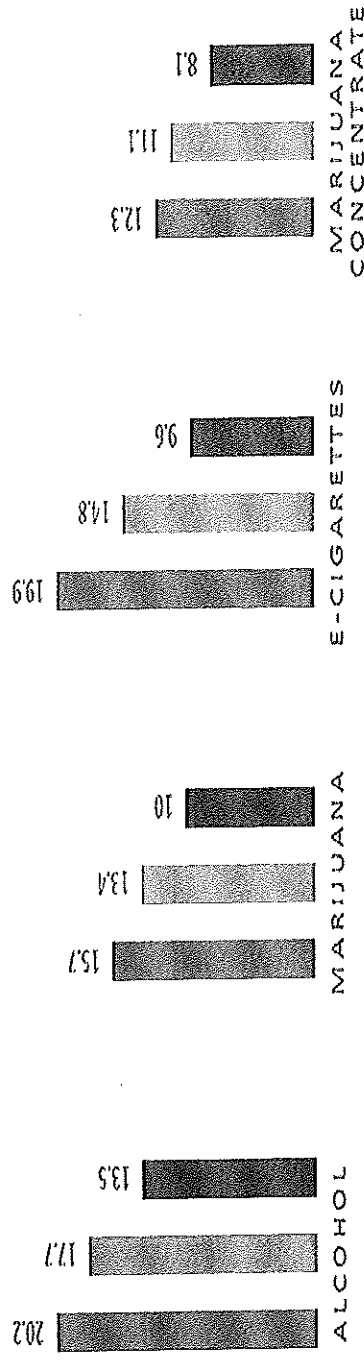
Youth Substance Use – Key Points

Overall trends in substance use continue to go down!

Most commonly Abused Substances (Grade 12, past 30 days)

1. Alcohol – 22.6%
 2. Marijuana – 17.5%
 3. E-cigarettes – 14.8%
 4. Marijuana Concentrates – 13.6%
- *If you look at lifetime use, marijuana concentrates jumps to #3*

■ 2018 ■ 2020 ■ 2022



Female students continue to report a higher rate of abuse across all types of substances (past 30 days)

	Female	Male
1. Alcohol	16.1%	10.9%
2. Marijuana	11.2%	8.8%
3. E-cigarettes	11.6%	7.5%
4. Marijuana Concentrates	9.2%	6.9%



Youth Substance Use – Key Points

Where Youth are Getting substances – this continues to be dominated by friends and family as the primary sources for obtaining alcohol, marijuana, and prescription drugs

Most Common Reasons for Using Alcohol and Drugs:

1. To have fun – 42.5%
2. To get high or feel good – 35.9%
3. To deal with stress from my school – 35%
4. To deal with stress from my parents and family – 30.2%
5. I was feeling sad or down – 30.1%
6. To deal with stress from my peers or friends – 22.6%

Most Common Reasons for Not Using Alcohol and Drugs:

1. Not interested in drugs – 87%
2. Parents would be disappointed – 70.7%
3. It can harm my body – 69.8%
4. Illegal and I could get arrested – 55.9%
5. Parents would take away privileges – 54.5%
6. Other adults would be disappointed – 49.6%

These measures of risk and protective factors are where the AYS is really valuable to schools and substance abuse coalitions → it tells you where to focus your resources and efforts to produce change

New Questions on Fentanyl

Table 20 Fentanyl

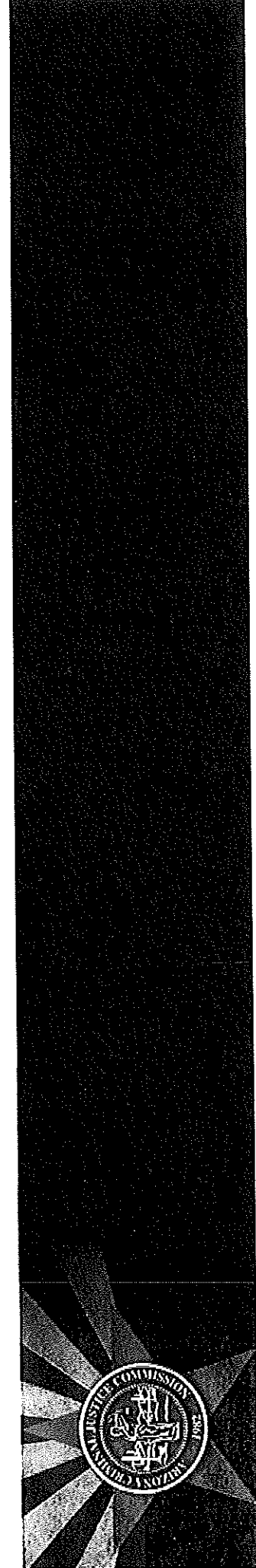
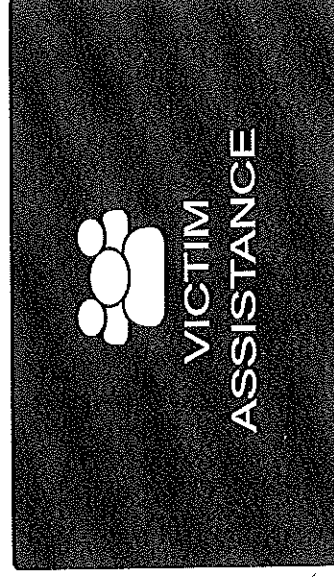
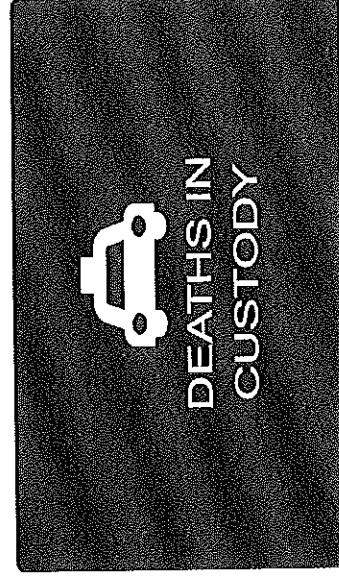
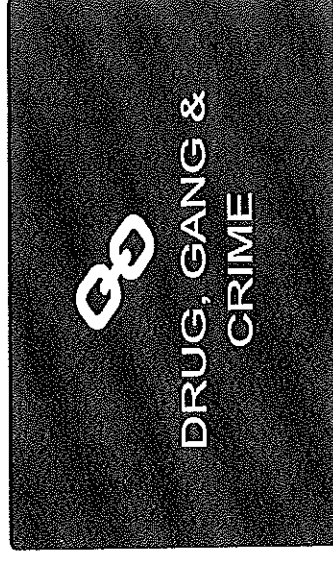
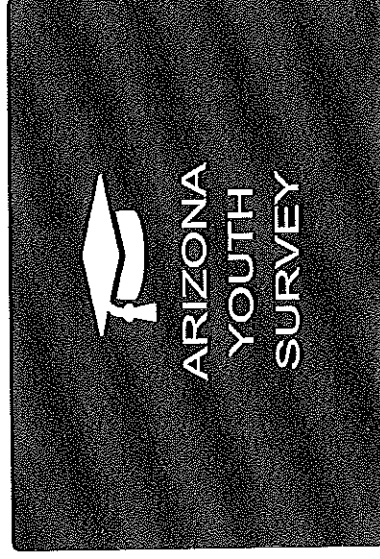
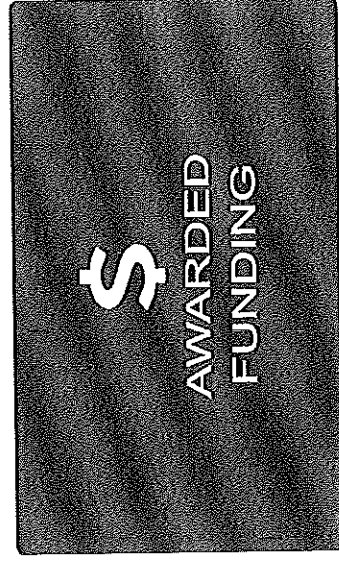
	Grade 8			Grade 10			Grade 12			Total	
	2018		2020	2018		2020	2018		2020	2018	2020
Have you ever used the drug fentanyl?											
I have never heard of that drug.	n/a	n/a	47.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
No	n/a	n/a	51.2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Yes	n/a	n/a	1.8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Fentanyl Awareness											
During the past 12 months, have you talked with a parent or guardian about the dangers of fentanyl?	n/a	n/a	14.3	n/a	n/a	n/a	19.1	n/a	n/a	n/a	n/a
During the past 12 months, do you recall seeing or hearing a local advertisement, billboard, or commercial about the dangers of fentanyl use?	n/a	n/a	20.6	n/a	n/a	n/a	28.2	n/a	n/a	n/a	n/a
How much do you think people risk harming themselves (physically or in other ways) if they... use fentanyl: great risk.*											
	n/a	n/a	61.8	n/a	n/a	n/a	73.8	n/a	n/a	n/a	n/a
How easy would it be for you to get the following things if you wanted them: fentanyl: sort of easy or very easy.*											
	n/a	n/a	7.8	n/a	n/a	n/a	10.9	n/a	n/a	n/a	n/a

*Among students who had heard of fentanyl. All questions were added in 2022.



ACJC Data Visualization Center

From ACJC's website you can access the DVC by clicking on the "Data" tab at the top or by typing – www.azcjc.gov/data into your browser.





Arizona Youth Survey Substance Use Data

LIFETIME SUBSTANCE USE

30-DAY SUBSTANCE USE

AGE OF FIRST USE

SUBSTANCES OFFERED

SOURCES

DATA SHEET

Substance

Alcohol

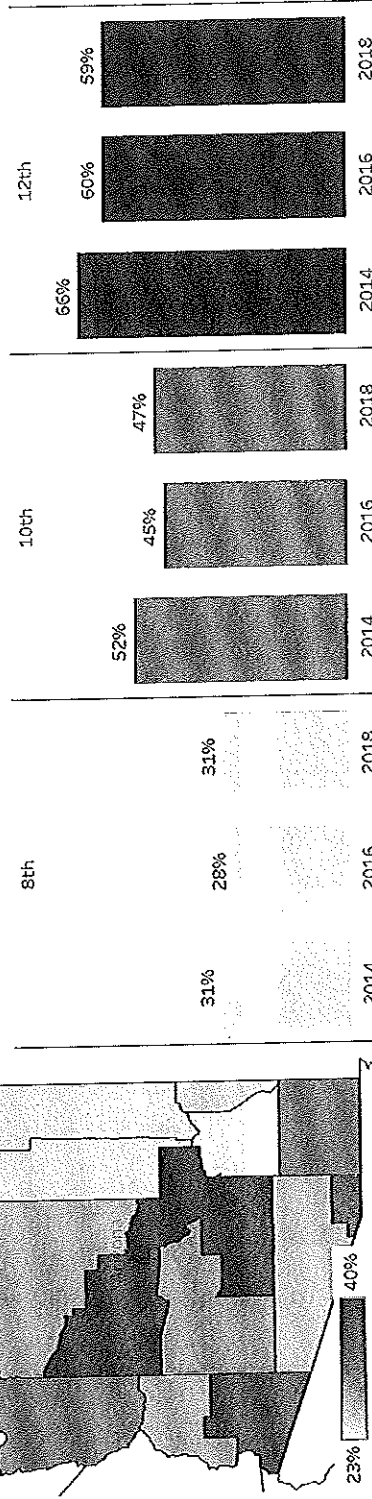
Year

2018

Grade

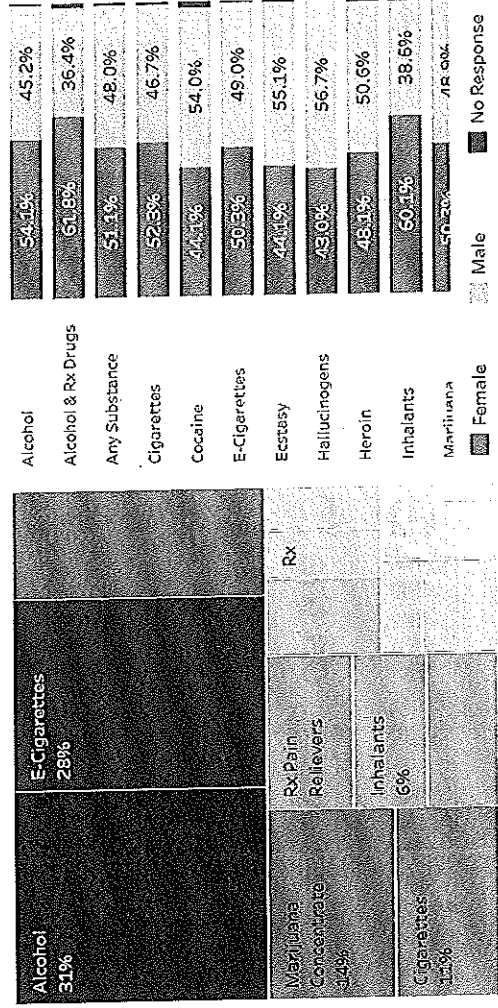
8th

Lifetime Alcohol Use



8th Grade Substance Use Prevalence 2018

8th Grade Substance Use Gender Distribution, 2018





Arizona Youth Survey Substance Use Data

LIFETIME
SUBSTANCE USE

30-DAY
SUBSTANCE USE

AGE OF FIRST USE

SUBSTANCES
OFFERED

SOURCES

DATASHEET

Substance Use Data

Year	Gender	Race	Age	County	Zip Code	
2018	(All)	(All)	(All)	(All)	(All)	
Lifetime Substance Use, 2018						
	8th	10th	12th	8th	10th	12th
	%	%	%	%	%	%
	Sample	Sample	Sample	Sample	Sample	Sample
Alcohol	31%	47%	59%	11%	20%	31%
Alcohol & Rx Drugs	2%	3%	4%	1%	1%	1%
Any Substance	46%	60%	70%	24%	37%	46%
Cigarettes	11%	17%	24%	3%	5%	7%
Cocaine	1%	3%	6%	0%	1%	2%
E-Cigarettes	28%	39%	46%	13%	21%	26%
Ecstasy	1%	2%	4%	0%	1%	1%
Hallucinogens	2%	5%	7%	1%	1%	2%
Heroin	0%	1%	1%	0%	0%	0%
Inhalants	6%	4%	3%	2%	1%	1%
Marijuana	16%	32%	44%	8%	17%	23%
Marijuana Concentrate	14%	25%	33%	7%	14%	18%
Methamphetamines	1%	1%	1%	0%	0%	0%
Multiple Substances	6%	12%	18%	3%	5%	7%
Over-the-Counter	5%	6%	6%	2%	2%	2%
Rx Pain Relievers	8%	9%	10%	3%	3%	3%
Rx Sedatives	3%	5%	6%	1%	2%	2%
Rx Stimulants	3%	5%	7%	1%	1%	2%
Steroids	1%	1%	1%	0%	0%	0%
Synthetic Drugs	2%	1%	2%	1%	0%	0%

30-Day Substance Use, 2018						
	8th	10th	12th	8th	10th	12th
	%	%	%	%	%	%
	Sample	Sample	Sample	Sample	Sample	Sample
Alcohol	31%	47%	59%	11%	20%	31%
Alcohol & Rx Drugs	2%	3%	4%	1%	1%	1%
Any Substance	46%	60%	70%	24%	37%	46%
Cigarettes	11%	17%	24%	3%	5%	7%
Cocaine	1%	3%	6%	0%	1%	2%
E-Cigarettes	28%	39%	46%	13%	21%	26%
Ecstasy	1%	2%	4%	0%	1%	1%
Hallucinogens	2%	5%	7%	1%	1%	2%
Heroin	0%	1%	1%	0%	0%	0%
Inhalants	6%	4%	3%	2%	1%	1%
Marijuana	16%	32%	44%	8%	17%	23%
Marijuana Concentrate	14%	25%	33%	7%	14%	18%
Methamphetamines	1%	1%	1%	0%	0%	0%
Multiple Substances	6%	12%	18%	3%	5%	7%
Over-the-Counter	5%	6%	6%	2%	2%	2%
Rx Pain Relievers	8%	9%	10%	3%	3%	3%
Rx Sedatives	3%	5%	6%	1%	2%	2%
Rx Stimulants	3%	5%	7%	1%	1%	2%
Steroids	1%	1%	1%	0%	0%	0%
Synthetic Drugs	2%	1%	2%	1%	0%	0%

Year

Gender

Race

Age of First Use

County

Zip Code

2018

(All)

(All)

(All)

(All)

(All)

Age of First Use, 2018

8th

10th

12th

Avg. Age

Avg. Age

Avg. Age

Sample

Sample

Sample

Final Thoughts

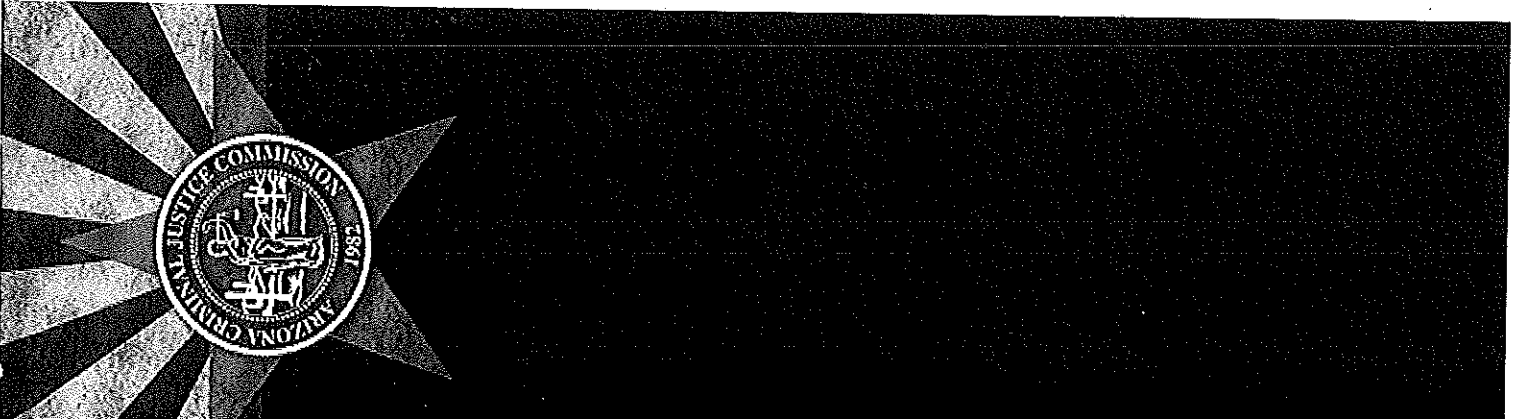
Here is my call to action...

- Nearly 50% our 8th graders, 33% of our 10th graders, and 25% of our 12th graders have not heard of fentanyl → this can not stand
 - When are we going to have our “This is your brain on drugs” moment with fentanyl?
- Go home tonight and talk to your sons and daughters, we know from the data that they will listen
- And no:
 - They are not too young
 - You don’t live in too nice of a neighborhood
 - They don’t hang out with the right friends
 - They would never try drugs
- If they don’t hear from you...then who are they listening too?



Andrew T. LeFevre, Executive Director
Arizona Criminal Justice Commission
alefevre@azcjc.gov
602-364-1156

www.azcjc.gov



2022



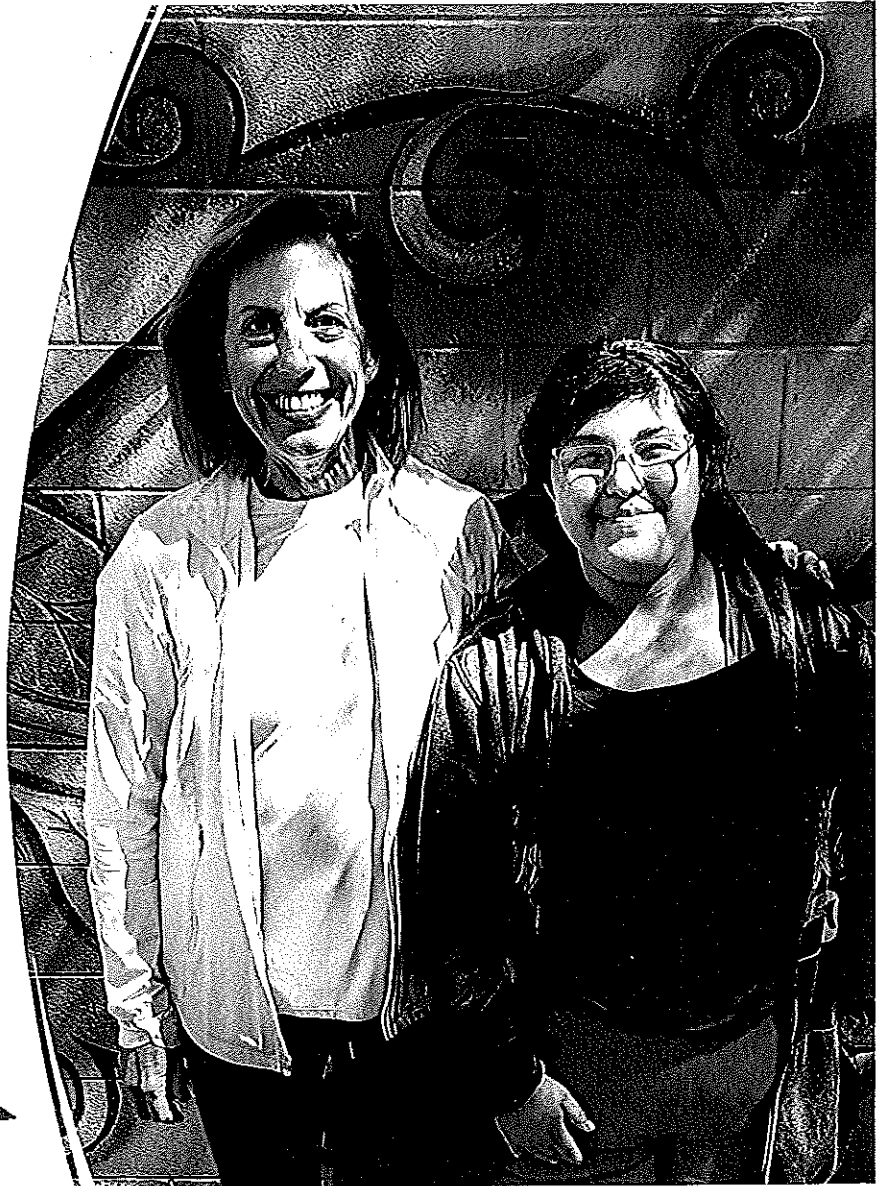



New Pathways for Youth

Impacting Futures
for Our Community

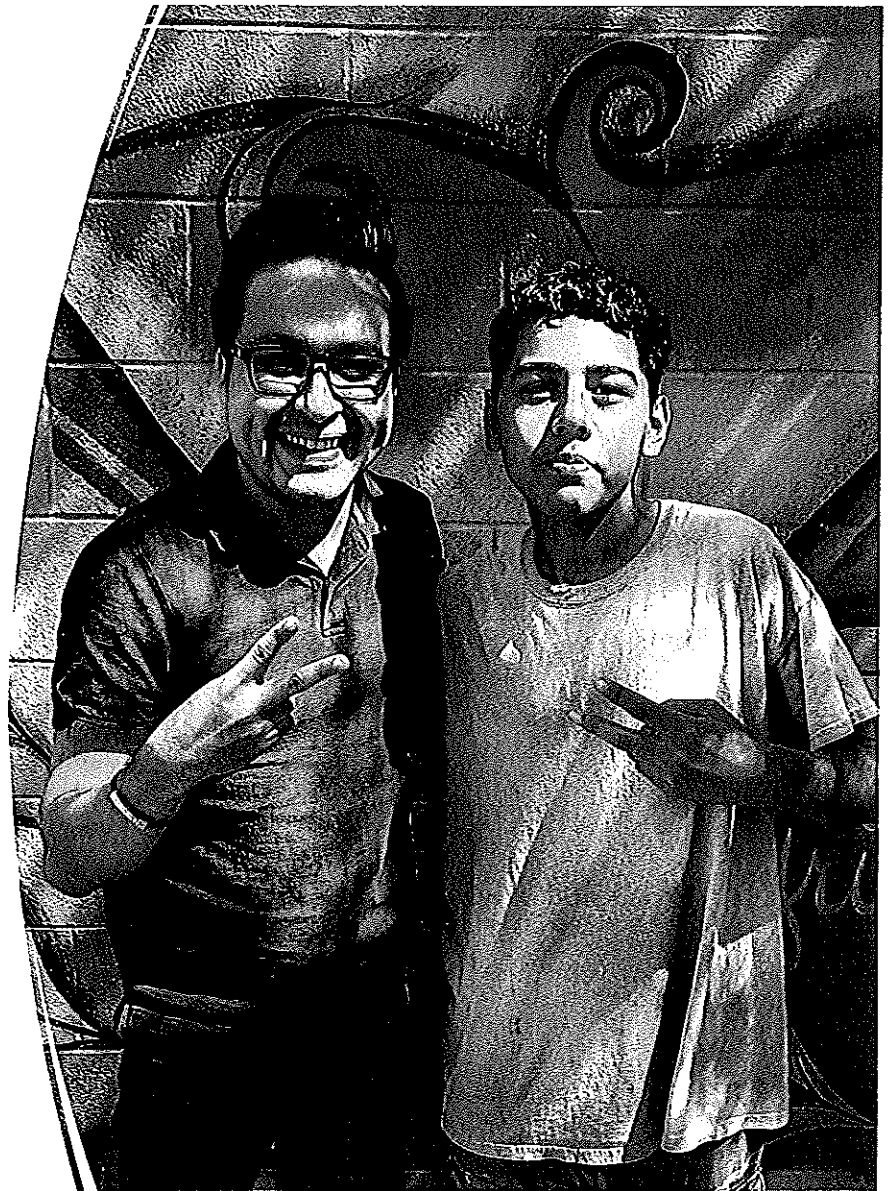

Our Purpose

Every young
person can live
their life with joy
and purpose,
confident in their
ability to decide
their own path.

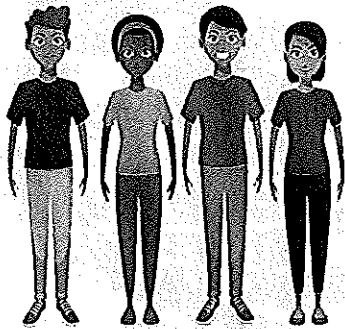


Our Mission

We transform
the lives of
youth by
providing the
support, stability,
and skills they
and their families
need to flourish.

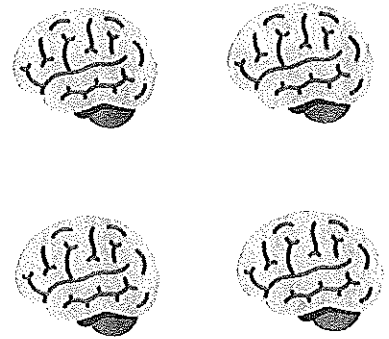


Who we serve



Young people ages 13-21
experiencing poverty and
3x the adversity (ACEs) of
their peers

What are ACEs? Adverse Childhood Experiences



10 CDC-identified
experiences that can have a
negative impact on a child's
brain development.

Lifetime Impact of ACEs

shortened life
expectancy


social,
emotional,
cognitive
impairment

high-risk
behaviors

ACEs

long-term health
problems

According to a study by the
CDC and Kaiser Permanente



Strongest Intervention:

A stable, nurturing
relationship with a
caring adult.

Arizona Teens

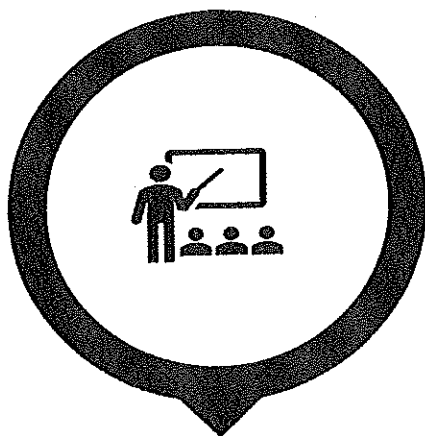
1

According to data from the Arizona Adverse Childhood Experiences Consortium, in Arizona children ages 12 to 17, 44.4% have experienced two or more ACES, compared to the national average of 30.5%.

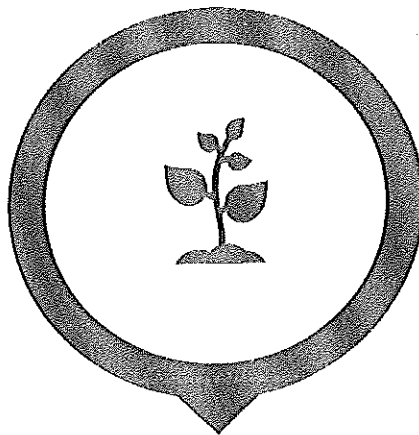
2

According to data from the CDC, the teen suicide rates right here in Arizona have increased by 30% during the past two years and is higher than the national average.

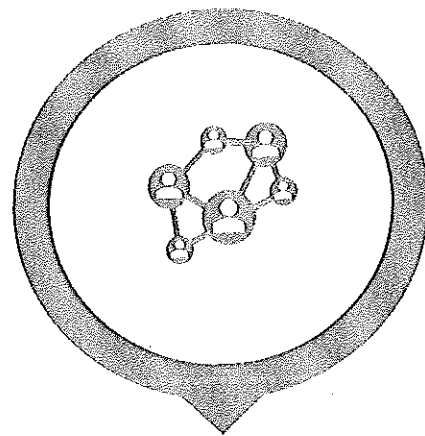
Our Unique Approach



Personal
Development
Program

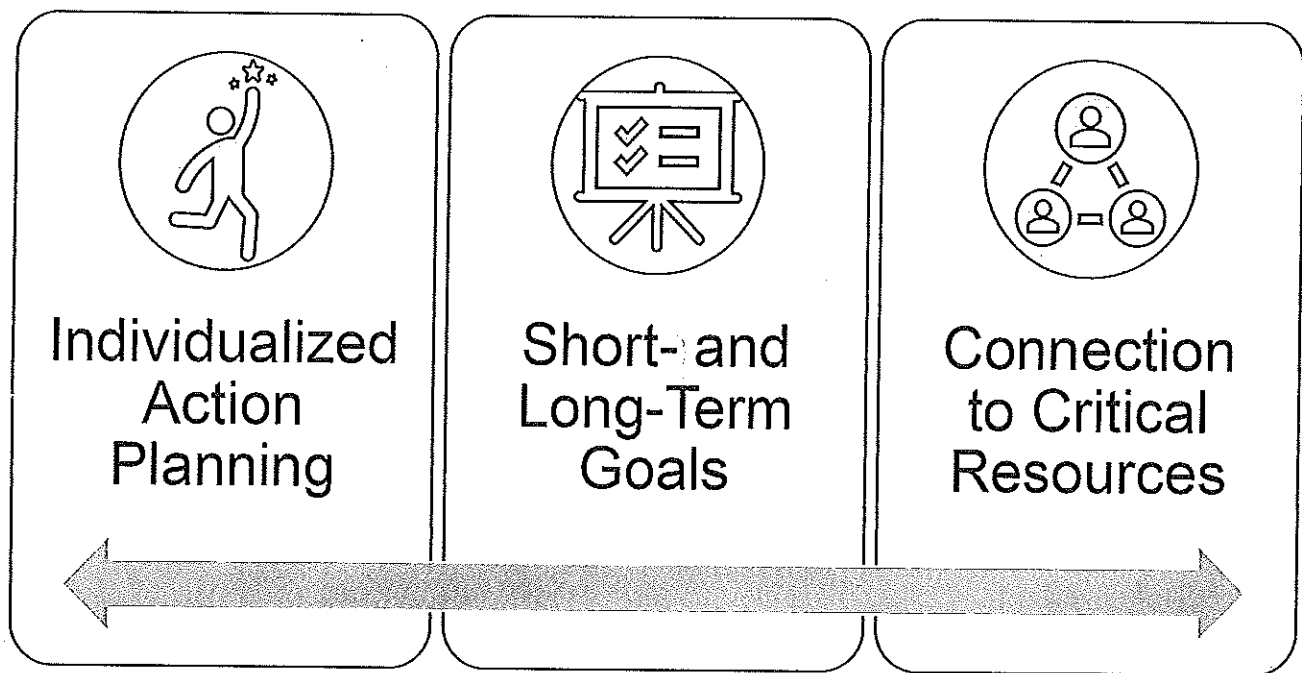


Case
Management
Services



1:1 Mentoring
Within a Peer
Group

Case Management @ NPFY



Youth Outcomes Achieved

95%

Graduate High School

80%

Go on to a post-secondary track

75%

First in their family to have
post-secondary education

Level Up by NPFY



We served more than 300 youth in FY22, and we are on track to enroll 100 to 125 more youth every year.

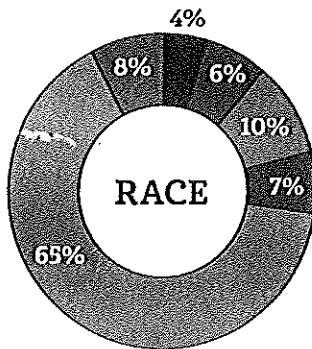
We have served more than 7,000 youth since our founding in 1989.

We estimate there are 180,000 youth in our community who would fit the eligibility requirements of our program.

Youth
Evaluation
Results
2022



Demographics



4%
American Indian/Native American

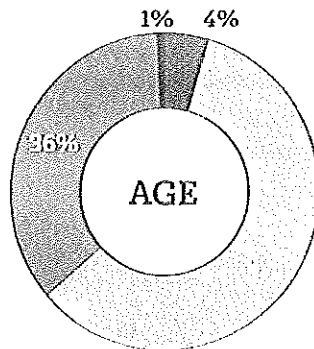
7%
Bi/Multi-Racial

10%
Black/African American

6%
Caucasian/White

65%
Hispanic/Latino

8%
Other

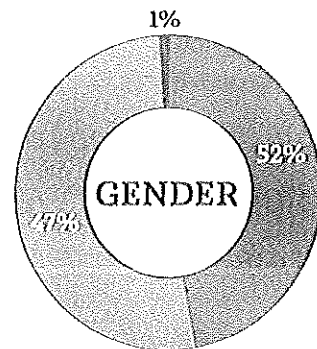


4%
11-13 years old

59%
14-18 years old

36%
19-23 years old

1%
23+ years old



52%
Male

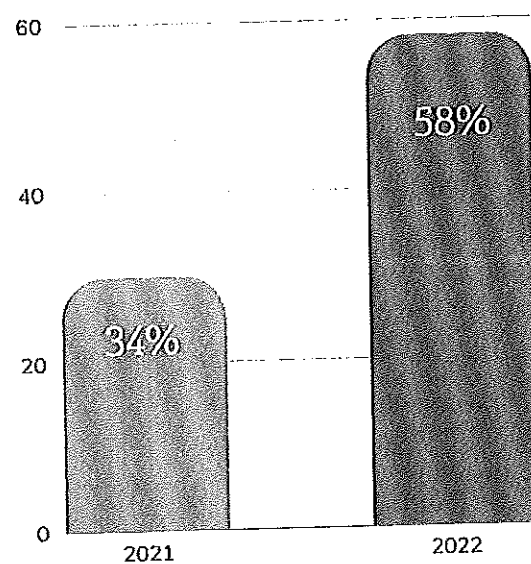
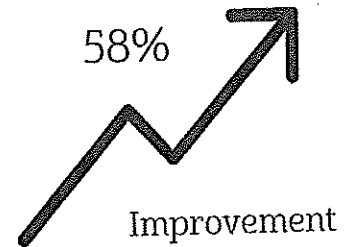
47%
Female

1%
Non-Binary

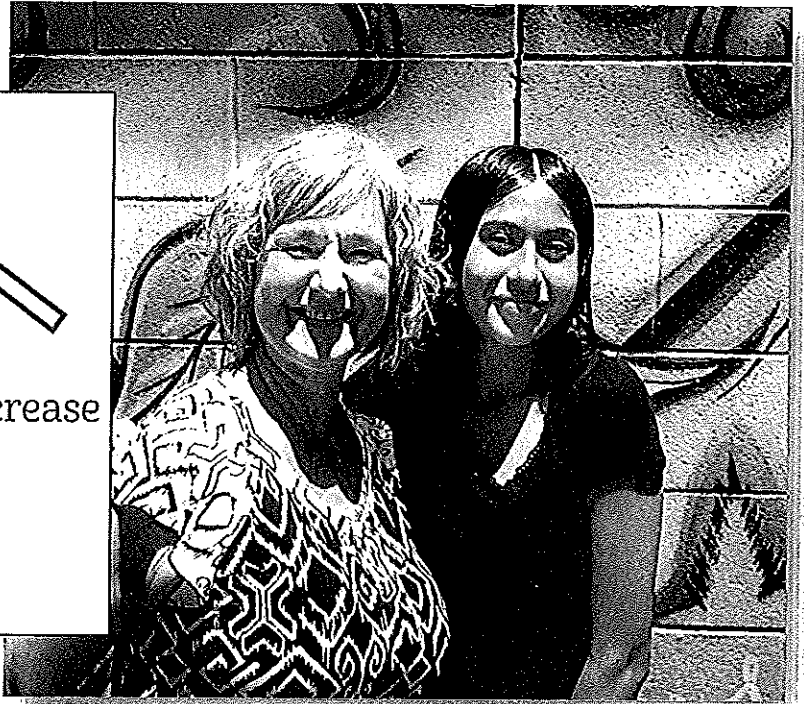
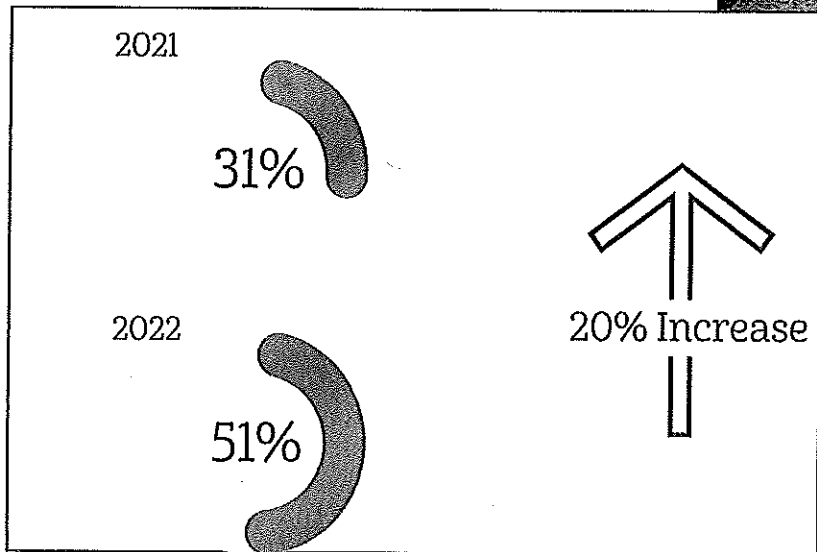
Family Function

Caregiver Circle
completed five 8 week
sessions

Guardian Support
Specialist
Increase case management
& caregiver support



Goal Setting



Concerns



&



Mental Health

"During this last year, I
have frequently been
lonely"

58%
Agree

"During this last year, I
have frequently been
depressed"

48%
Agree

Relationships

"When I'm with my
mentor I feel important"

96% Agree



Relationships



"When I'm with my
mentor I feel special"

94% Agree

Relationship Proximity



"I wish my mentor
asked me more
questions about what
I think"

17%
Agree

"I wish my mentor
knew me better"

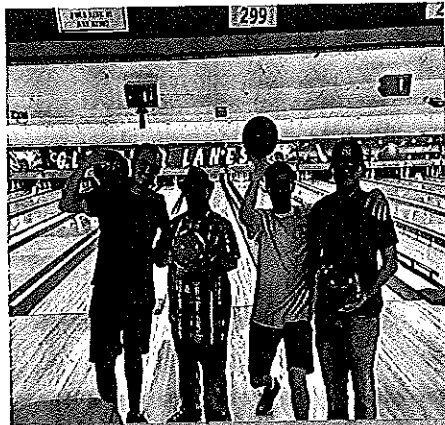
19%
Agree

Recreation Spaces & Fun

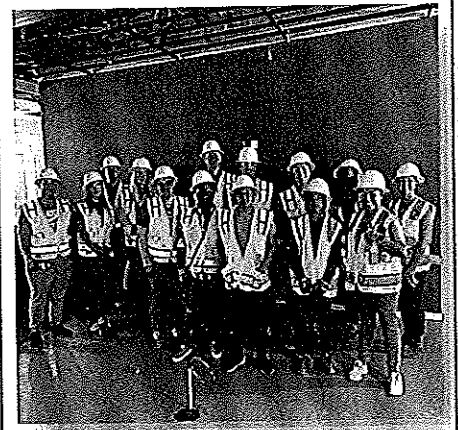
Quarterly Celebrations



Monthly Group Outings



Secondary Programming

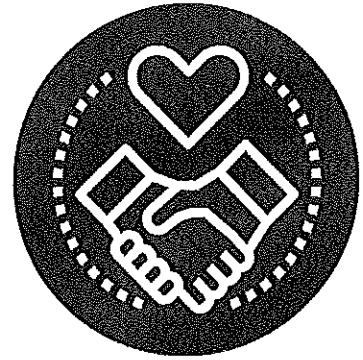
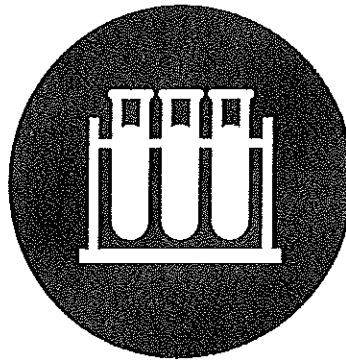


Supporting Mental Health

Using different **data instruments** to
further **explore** the **stress** of youth



Understand stressors for
youth and **explore solutions**



Continue to build a **nurturing,**
trusting environment

Collaboration

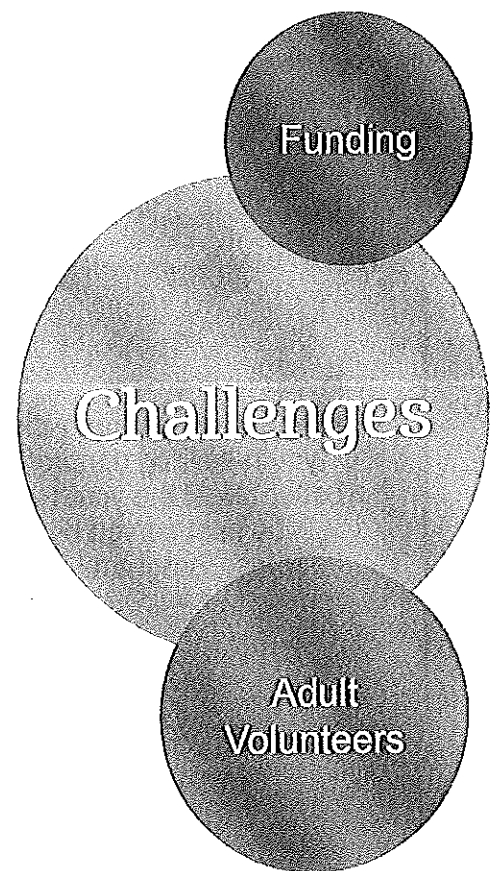
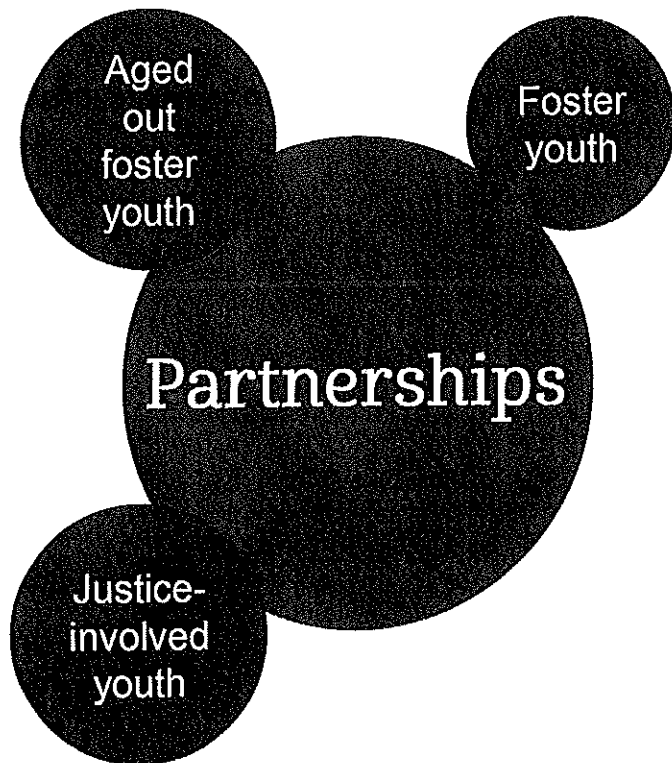


How can we partner with other youth-serving nonprofits to better target the youth who will be best served by our program?

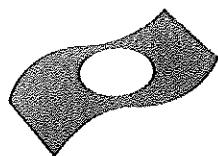


Can we create a Valley-wide system to identify which youth are the best candidates for each mentoring program?

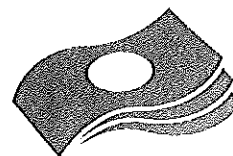
Program Expansion



Saving Lives & Dollars



For every dollar invested in our programs and services, there is a return of approximately thirty dollars by preventing the future need for more costly social and criminal justice services.



Thank You!

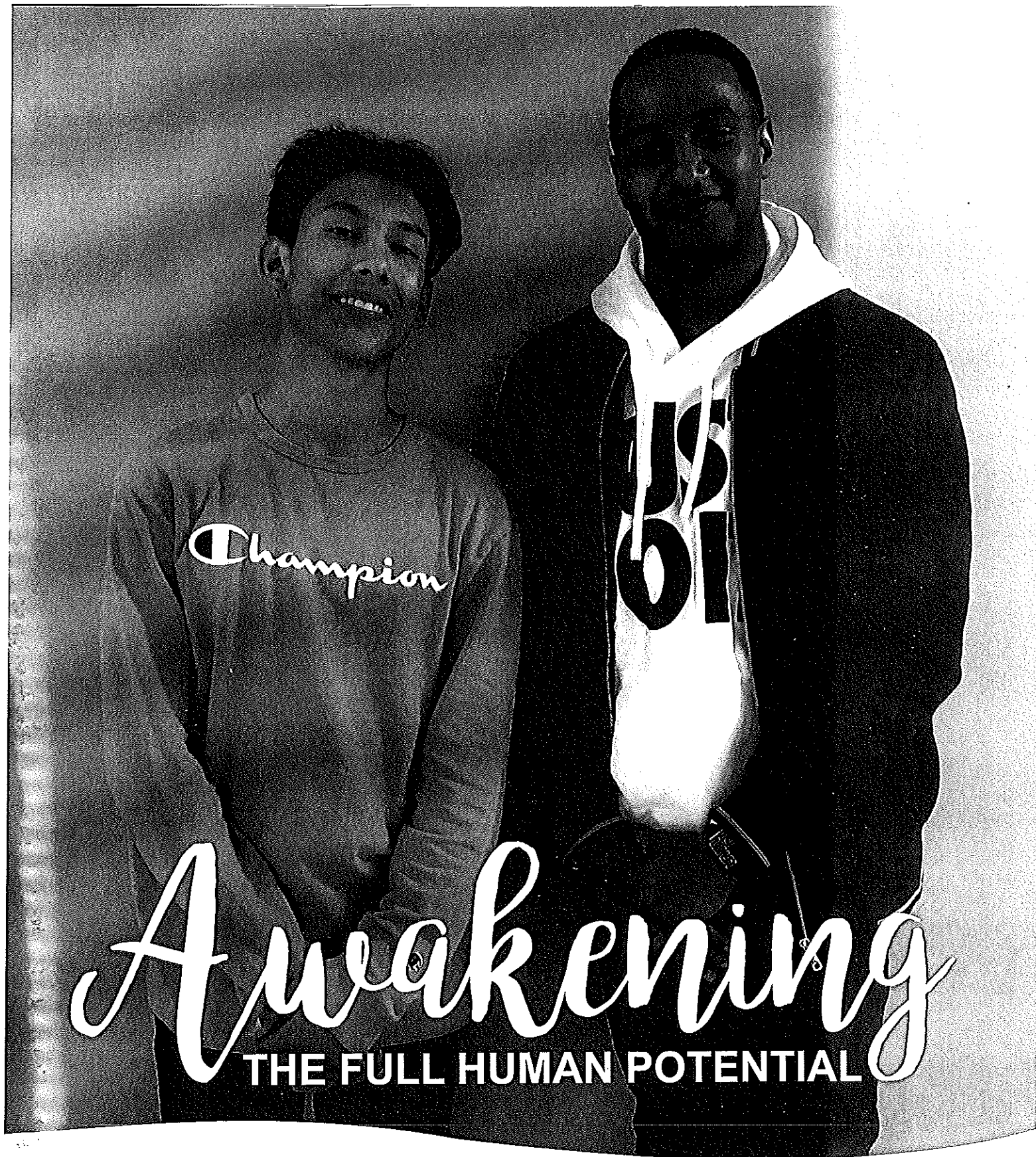
New Pathways
for Youth

(602) 258-1012

info@npfy.org

www.npfy.org





Awakening

THE FULL HUMAN POTENTIAL

New Pathways
for Youth



Briana & Robin

Transforming Lives Through Mentorship

Briana and her mentor Robin have been matched for over 7 years. Through the New Pathways program, Briana has made tremendous strides, discovering a renewed positive outlook on life. She had struggled with staying motivated in school, going through periods of time where she wasn't doing schoolwork at all, and faced an unstable home environment that seriously impacted her emotional and mental health.

But alongside Robin, Briana has turned all this adversity into a driving factor for change. Over the course of a couple of months, she received her outstanding high school credits and has now graduated! Briana's gone from couch surfing at her sister's place to getting her own apartment, has enrolled at Phoenix College so that she can pursue a career in communications, and is actively seeking employment. Her mentor Robin has provided tremendous support throughout this entire journey and continues to be a part of Briana's life.

New Pathways for Youth

Awakening the full human potential to bring about individual and community transformation.

New Pathways for Youth is a youth-focused organization that guides young people experiencing poverty and four times the adversity of other youth, through a holistic, research-based development program and 1:1 mentoring within community groups.

Research-based & proven to generate remarkable outcomes:



Greater high school
graduation rates



Increased
personal wellness



Prevention of
harmful behaviors

New Pathways designs a tailored plan for every youth we serve, intentionally designed to provide the most effective support they need to realize their full human potential. This includes individualized action planning to meet short- and long-term goals, as well as connections to critical resources for:



Personal
well-being



Ongoing personal
and educational
development



Daily necessities
that support a youth's
entire family



OUR PURPOSE

Awakening the full human potential to bring about individual and community transformation

OUR MISSION

Guiding youth as they discover renewed outlooks on life and realize unwritten possibilities for their futures



OUR PRINCIPLES

Relationships create possibilities and opportunities. We nurture relationships with our youth, mentors, partners, colleagues and each other for the advancement of good.

... Relationships 

When all people have the knowledge and skills to rise, entire communities are lifted. We care about and promote the safety, health and equality of those we serve, including ourselves, youth, mentors, and stakeholders.

Transforming lives is our purpose. We learn and apply research, data, and experience to reach intended short and long-term results for our youth and mentors.

 Well-Being

..... Impact 

We are disciplined in our pursuit of results so that all youth can be their best selves. We focus our energies and resources to strategies and relationships that have the greatest impact.

We are entrusted to create good for our community. We honor ourselves as our word and are accountable for decisions and results.

 Intentionality

... Responsibility 

We model the teachings of our program. We act with honesty, care, commitment, and courage for our mission and community.

We believe everyone has assets to share. By sharing, advancing and challenging our ideas, talents, and skills, we guide innovation and the creation of more good.

 Integrity

..... Purpose 

We treat everyone with respect and dignity. We build community by listening for possibility and including diverse perspectives, ideas, knowledge, and people.

 Inclusion

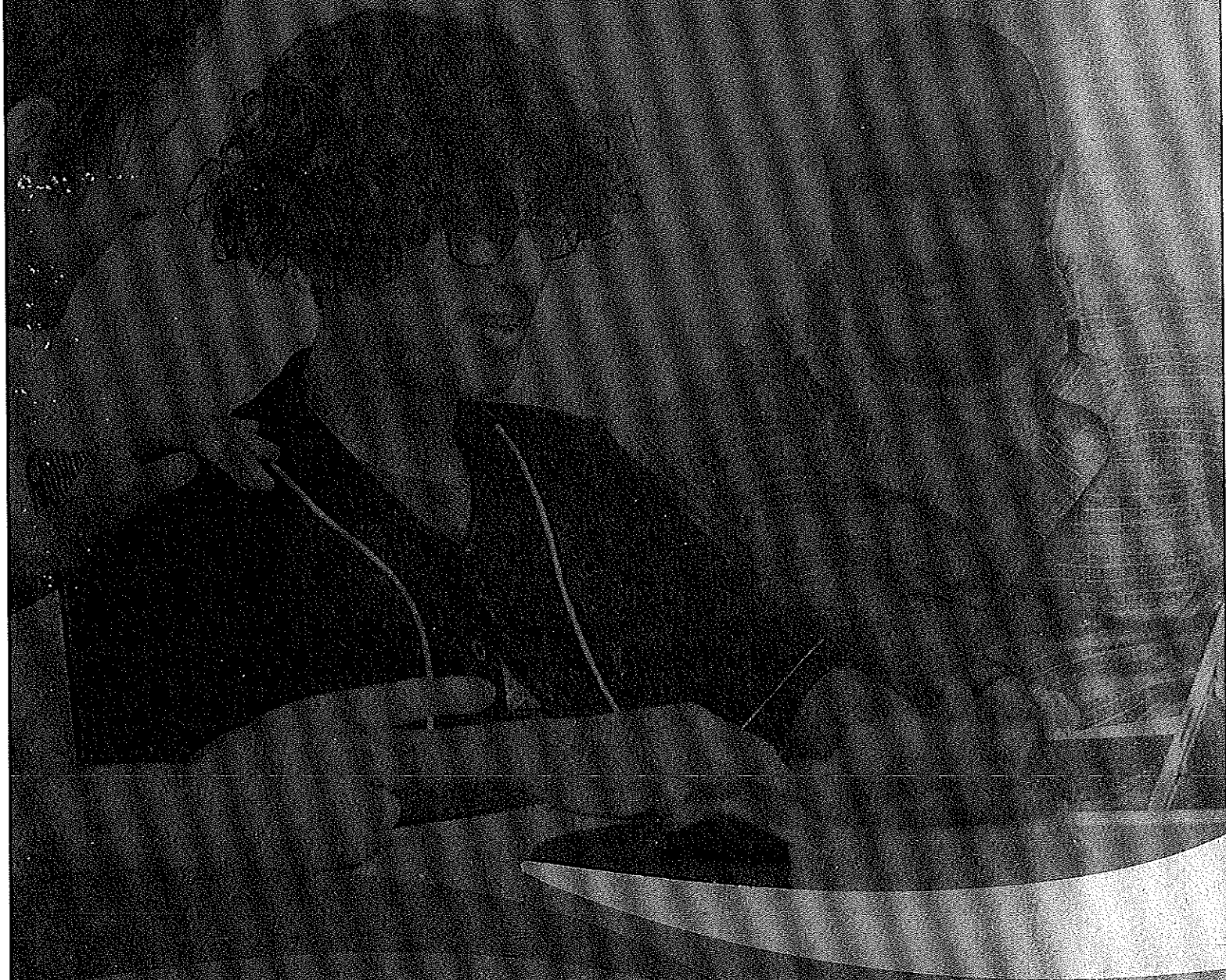
Bern & Jacob

Transforming Lives Through Mentorship

Jacob, a youth in our program, has been feeling isolated and lonely. He lives with his mom and older brother, but they both work full-time, meaning Jacob is home alone for much of the day. His mentor, Bern, recognized this struggle, and had a great idea.

Bern started putting together care packages for Jacob and his family, and drops them off every week. While this is a great morale boost in a tough time, it also gives Bern and Jacob a chance to connect face-to-face and strengthen their New Pathways bond.

That important connection keeps Jacob nourished and focused on his goals, but most importantly, ensures he feels cared for every single day.





Amelia & Dailyn

Transforming Lives Through Mentorship

For Dailyn and her mentor Amelia, discovering renewed outlooks on life is all about finding unique opportunities for growth. For example – while Dailyn is already focused on her academics, Amelia has supported her as she set goals in new areas, like reading a book every month outside of class, or taking on new physical challenges like adopting daily stretching practices.

Dailyn is also building a stronger understanding of how she interacts with the people around her. She's working with Amelia to overcome false perceptions about how other people see her while building powerful skills that will serve her throughout life.

Alongside her mentor, Dailyn is growing in her self-confidence, her willingness to advocate for herself, and in building a well-rounded social-emotional skillset - awakening more and more of her potential every single day.

Our Program

Evidence-based programming is essential to our approach to youth development.

This means that we make decisions based on data and scientific research. We know that cancer can be reversed by chemotherapy, so people choose chemotherapy when facing a cancer diagnosis. We know that vaccines prevent certain diseases from occurring, so we vaccinate our children. And the data and research tells us that mentorship ends the cycle of poverty and adversity. So at New Pathways, we provide 1:1 mentoring within community groups, alongside a holistic development program and individualized case management for each youth we serve.

How do we know that mentorship works?

The evidence comes in part from a Center for Disease Control (CDC) report on interventions for youth that have experienced trauma. The CDC identified the nine most harmful childhood experiences and environments that limit a young person's potential, and a key event that has a lasting impact on reversing the impact of those traumas: a stable, nurturing relationship with a caring adult. New Pathways youth have experienced at least four of the CDC's nine identified traumas. If no intervention occurs, brain circuitry often does not develop properly. They face a greater risk of health and social problems – depression, anxiety, employment issues and a shortened life expectancy. And, if no intervention occurs, often the cycle of poverty and adversity continues.

New Pathways intervenes.



Our program is proven to generate remarkable outcomes for the youth we serve; from greater high school graduation rates, to increased personal wellness and prevention of harmful behaviors. Nobody goes it alone. **Every youth takes root in and is supported by the entire New Pathways community, discovering healthier, more conscious ways of thinking and taking transformative steps together.**

Examples of ACEs (Adverse Childhood Experiences)

- » Physical abuse, emotional abuse, sexual abuse, and neglect
- » One parent, or no parents
- » Alcohol and/or drug abuse in the household
- » Traumatic separation from a family member, i.e. incarceration, death, or deportation
- » Someone in the household who was depressed mentally ill, institutionalized, or suicidal
- » A female caregiver who was treated violently

Social and Health Consequences of ACEs

- » Social, emotional, and cognitive impairment
- » Adopting health-risk behaviors
- » Disease, disability, and social problems
- » Early death

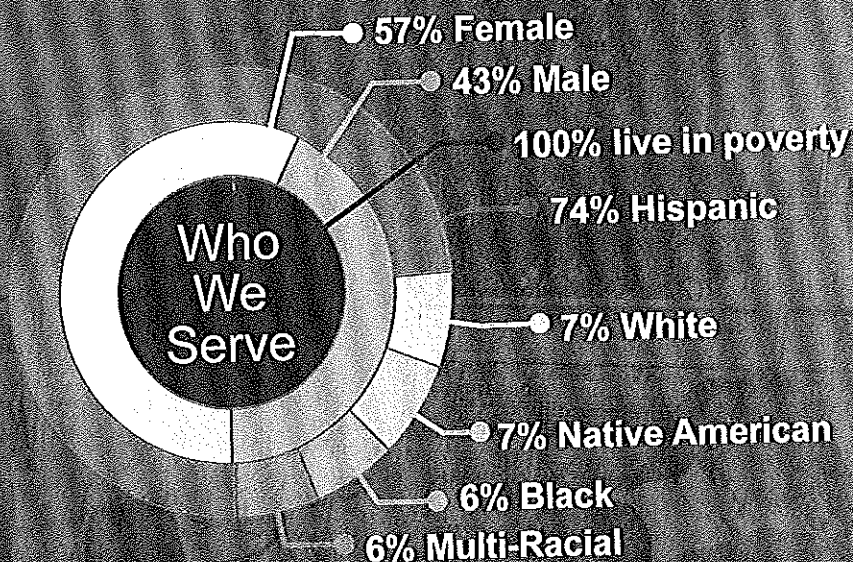
Source for ACEs claim: Digital version: www.cdc.gov/violenceprevention/aces/index.html

Print version: "Adverse Childhood Experiences (ACEs)." Centers for Disease Control and Prevention, www.cdc.gov/violenceprevention/aces/index.html.

Our Impact

Who We Serve

For our most recent impact metrics, please review our annual report, which is available in hard copy by request, or on our website.



Long Term Youth Outcomes

95%

Graduate
High School

90%

Go On To
Post-Secondary
Education

75%

Are First In Their Family
To Have Post-Secondary
Education

100%

Believe Anything
Is Possible

Short-Mid-Long Term Outcomes

Short-Term

- » Reduced delinquent behaviors and values
- » Improved academic skills
- » Renewed outlooks on life
- » Increased competency in goal setting and decision-making skills

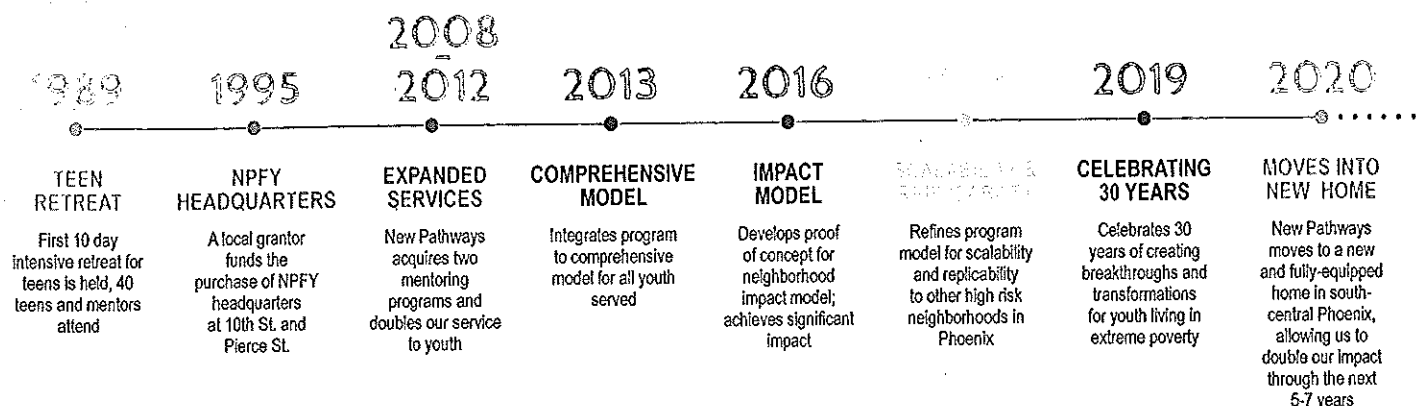
Mid-Term

- » Improved social and leadership skills
- » Successful graduation from high school
- » Completed enrollment in post-secondary opportunities
- » Attainment of living-wage employment

Long-Term

- » Strong social, emotional, and intellectual development necessary for growing and thriving in adulthood
- » Unlimited possibilities for education and career growth
- » Increased lifelong academic attainment and community involvement
- » Increased lifelong earnings, health, and social mobility, all extending to family and community

The New Pathways Story

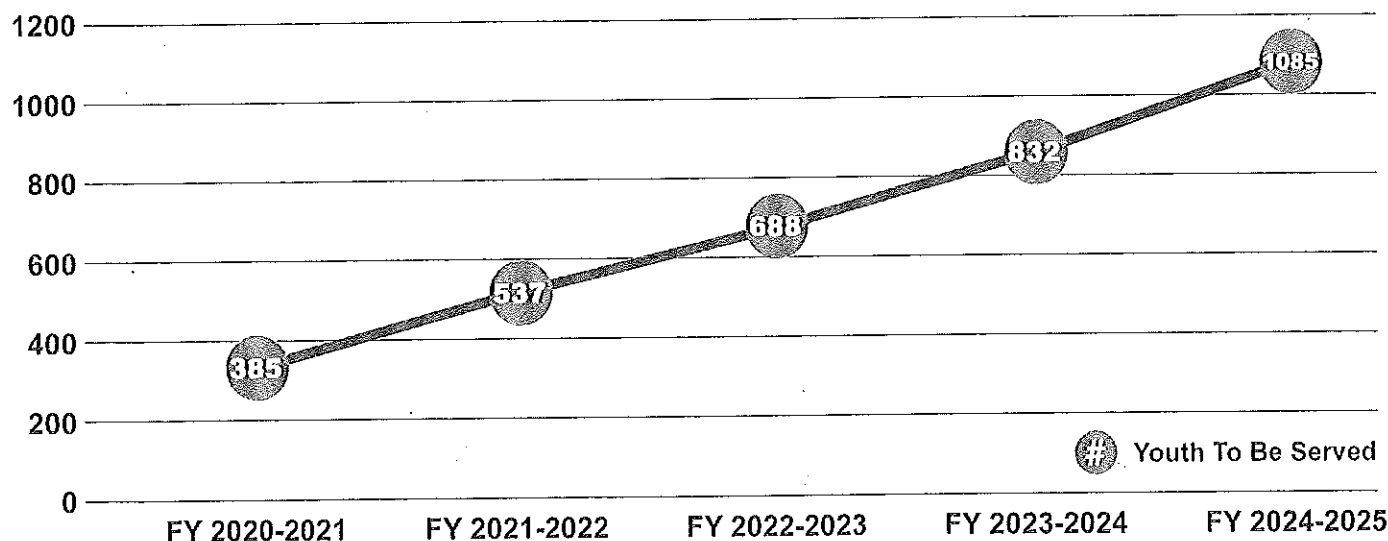


In 1989, a small group of thoughtful and committed Phoenicians decided to change the world. They knew youth experiencing poverty and adversity could transform their lives and awaken their full potential. They just needed to be reconnected to the truth - that each one of us has immeasurable, inherent value. These trailblazers believed to their core that these adversities didn't define a person and that with the right skills, mindset, and a network of caring adults – anything was possible! These beliefs became the cornerstones of New Pathways for Youth.

Over the years, New Pathways has grown and evolved. Where we once served 40 youth a year, we now serve over 400.

What has never changed, never wavered, is the bedrock of our organization – a commitment to awaken the full human potential to bring about individual and community transformation. Today New Pathways for Youth serves youth, ages 12-21, experiencing poverty and four times the adversity of other youth—adversities such as abuse and neglect, parent incarceration, & substance abuse. We have transformed more than 7,000 lives since our founding.

Youth To Be Served



Goals and Growth

At New Pathways for Youth, we're awakening the full human potential to bring about individual and community transformation. When our youth experience the support and personal development that our program offers, they feel unstoppable – and that spirit extends beyond the self to impact their family, community, and the world around them.

Every dollar invested in New Pathways for Youth translates to as much as a \$30 return by preventing future spending on costly social and criminal justice services. When you invest in New Pathways, you'll not only see an enormous return on investment, but you'll transform Phoenix's future.

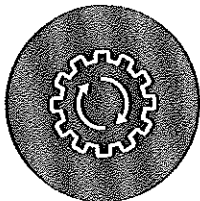
Over the next five years, we aim to expand our services to serve 1,000 youth. Our staffing model and program structure are tested and ready for scalability, and New Pathways is ready to expand our reach into more high-risk neighborhoods where our services have been requested.

We are extremely proud of our programs and the life-changing influence we have in our community. At the same time, we know there is so much more work to be done, and that with your investment, many more youth can awaken unlimited possibilities with our research-based program.

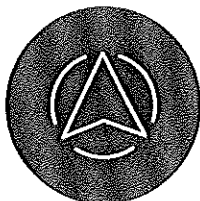
Our Goals



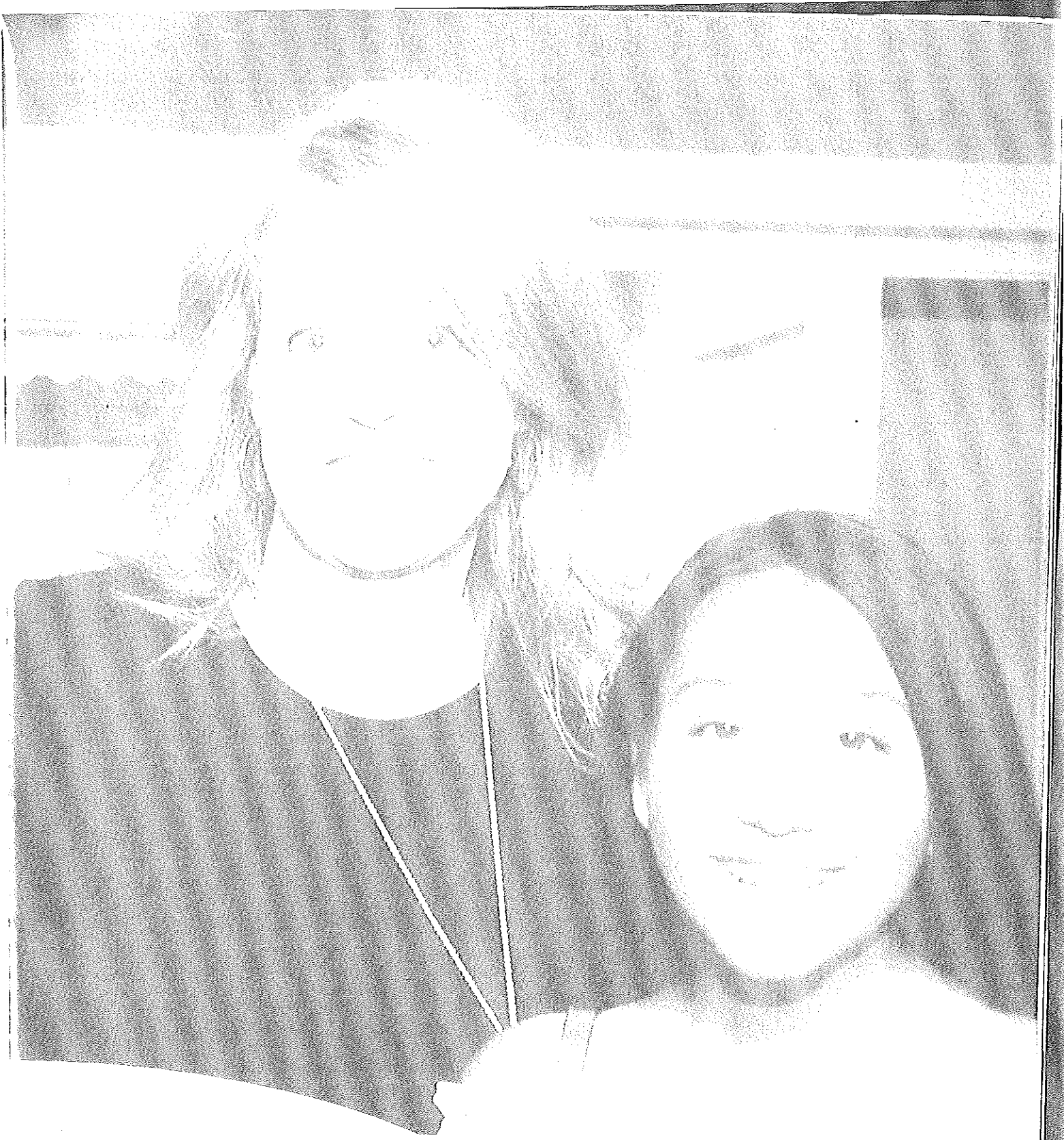
Growing into Phoenix's most vulnerable neighborhoods to reach the youth that can most benefit from our program, while expanding the support we provide to youths' families.

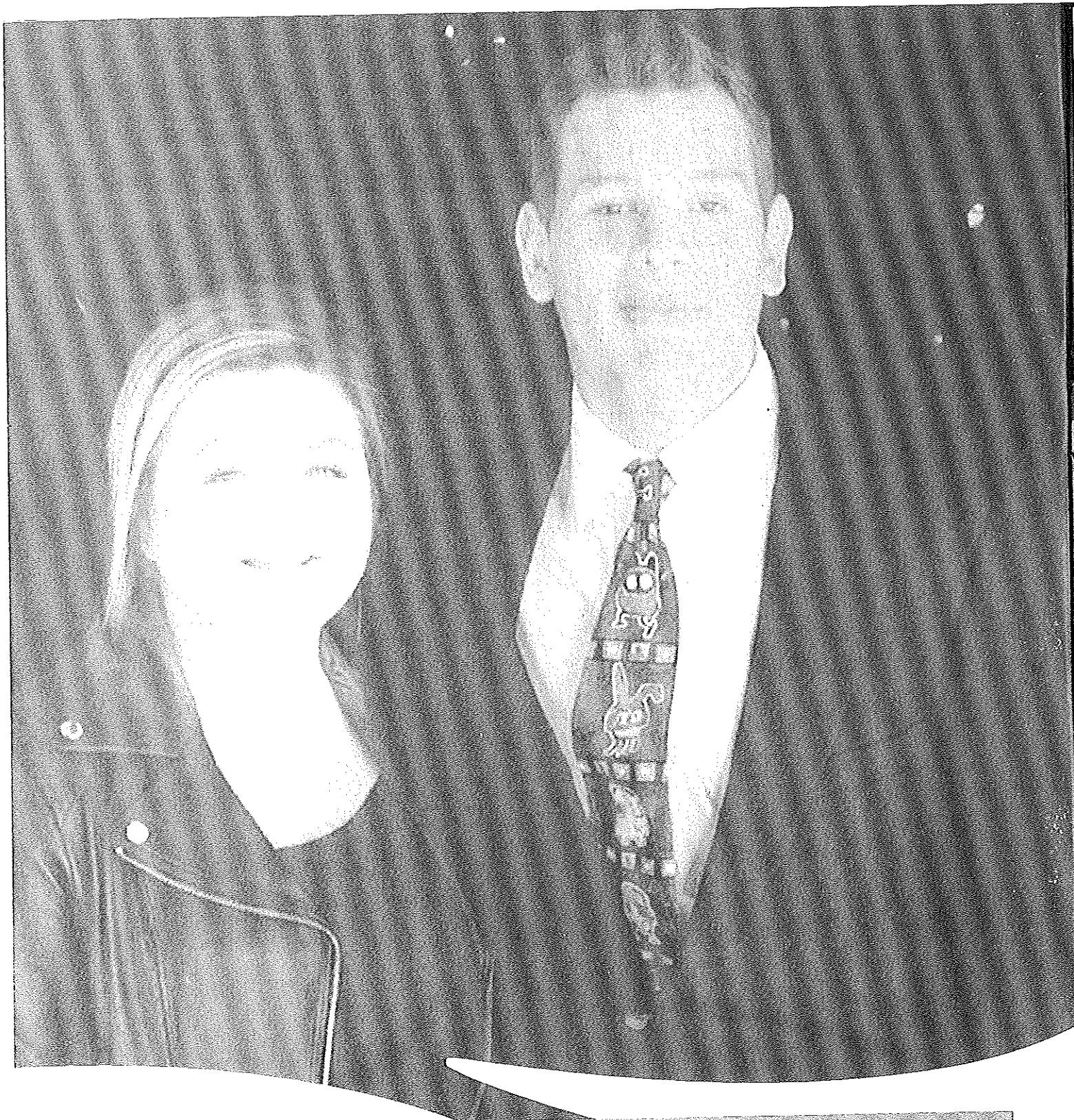


Building long-term sustainability by diversifying revenue streams and engaging champions through board and leadership council memberships.



Bolstering our programming through investment in further training and development for our staff, and mentors, allowing us to prepare more youth to take on their futures with readiness and resilience.





Relationships: Through Mentorship

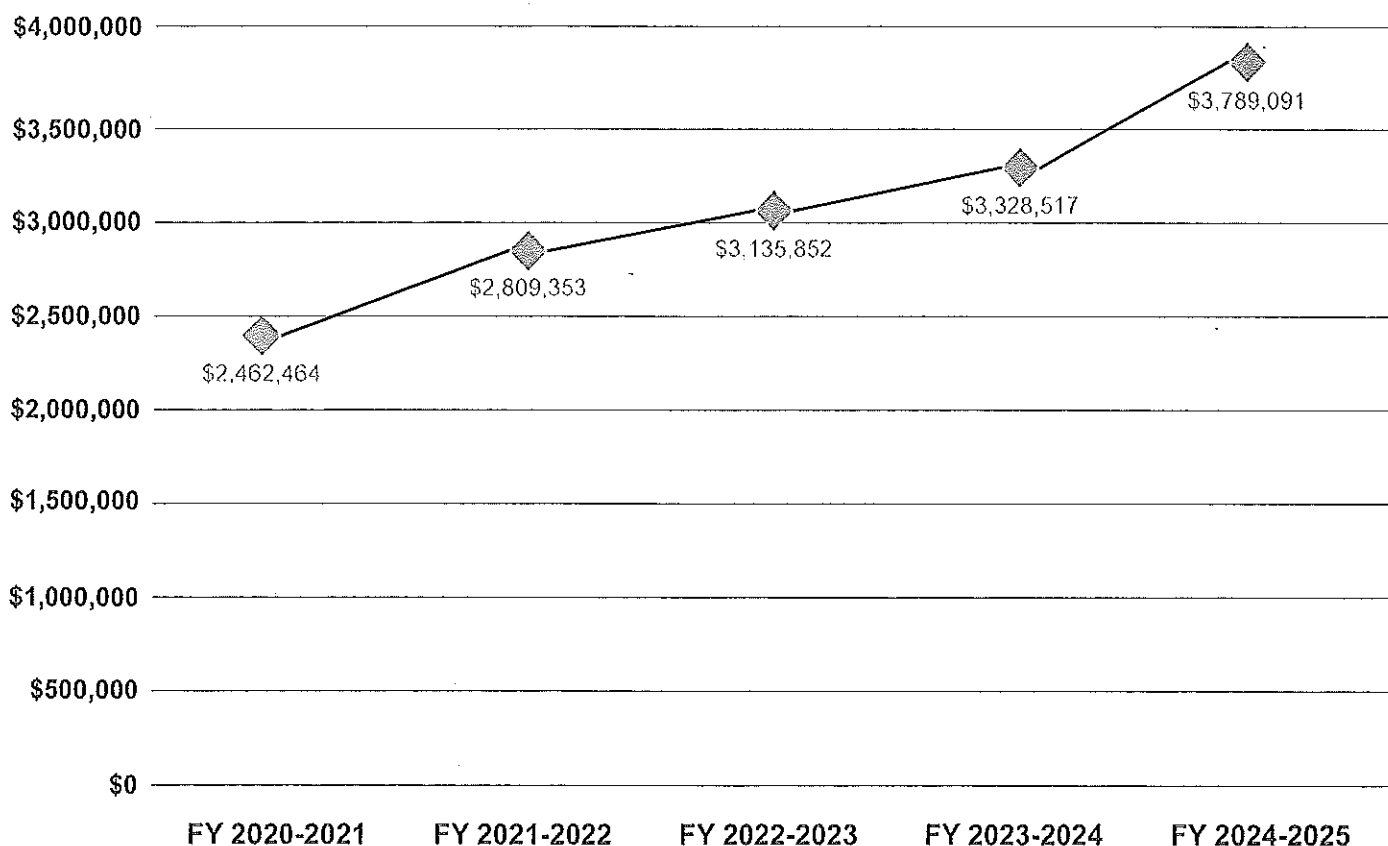
For Alex, a former mentor has been life-changing. For mentees, Alexis, has shown her how to look at the world with a new perspective. Their outings have given them both the opportunity to try new things and grow as people. One of their favorite outings came from

Alex's love of organizing. They each picked up planners and spent the afternoon in a coffee shop planning out their week. What was a desire to stay organized has become a core relationship that has helped Alexis grow in confidence and achieve her personal goals. Alex's advice to future mentors: "Don't overthink it. My mentor has been the most important people in my life, and I could not imagine not having him around."

Financial Health

In order to meet our goals outlined on page 9, we have ensured New Pathways for Youth is positioned and poised financially for this growth. We have fully funded our \$5.7 Million Capital Expansion Project and created a five-year proforma or projection plan to assist New Pathways for Youth in predicting the infrastructure needed to support the organization in our plans for expansion. This includes growth in expenses, revenue, and an increased staffing pattern to ensure that as the organization grows, it does not compromise program quality and subsequently, youth outcomes.

5-Year Growth Projection



**For New Pathways, fiscal years begin on July 1st and end on June 30th.*

Transform Your Community

Monthly Installments and One-Time Gifts

To make a one-time investment in New Pathways for Youth or set up a monthly installment, visit npfy.org/donate or contact Marlo Dykeman at mdykeman@npfy.org.

Multi-Year Gifts with the Hope Giving Circle

The Hope Giving Circle provides an opportunity for our closest supporters to pledge their ongoing commitment to the organization over 3 to 5 years, maximizing their investment in Phoenix youth.

To learn more about multi-year giving, contact Marlo Dykeman, mdykeman@npfy.org.

Legacy Gifts

Imagine the future you can create for youth by including New Pathways for Youth in your estate plan. You'll create a legacy of transformation that will awaken the full potential of youth across Phoenix.

If you would like information on how to include New Pathways for Youth in your will or estate plan, please contact Marlo Dykeman at mkydeman@npfy.org.

In-Kind Gifts

New Pathways accepts many in-kind donations for activities. We are especially in need of gift cards, certain academic supplies, individually packed snacks, and other day-to-day necessities. We also gratefully accept gifts of in-kind services, and are always looking for help with printing, facility maintenance, event planning, and more.

To make a contribution of in-kind goods or services, please contact us at info@npfy.org or 602-258-1012.

Tax Credit

You can help a young person unlock new possibilities this tax season! Here's what you need to know:

You can receive a dollar-for-dollar credit on your Arizona taxes when you make a charitable donation to New Pathways : up to \$400 per person and up to \$800 for married couples. The existing deduction cap for corporations has been increased to 25% of taxable income. This new deduction cap is only applicable to cash gifts going to a public charity.

As always, please consult your tax professional for additional details.

Mentorship

Stable, caring adults are crucial to awakening the full potential of the youth we serve. With over 180,000 young people across the Valley in need of support, we are seeking dedicated individuals interested in becoming a youth mentor.

If you're passionate about transformational change and ready to make an impact (or know somebody who is), we are always welcoming potential mentors to our virtual mentor introduction sessions, where you'll learn more about the opportunity of mentorship.

Visit <https://npfy.org/get-involved/>

Transformations Society

The Transformations Society is an inspired and inspiring group of friends—individuals, businesses, foundations—committed to expanding the impact of New Pathways for Youth. A contribution of \$1,000 or more will qualify you as a Transformations Society member, giving you access to special New Pathways for Youth events, and transforming lives and communities. You can be a part of this incredible group by committing to a monthly investment of only \$83.

Learn more at npfy.org/donate

Thank you for your investment in transforming the lives of our youth!



Jennifer & Priscilla

Transforming Lives Through Mentorship

"To be honest, the idea of a mentor scared me. I was scared that this person was going to judge me. All these years later, I realized that my mentor and the support of this program closed the opportunity gap for me. It's given me an advantage: having someone willing to listen, provide advice, help me focus on my goals, and share the accomplishments of coming into adulthood."

"I am breaking the cycle of poverty and violence I knew growing up, thanks to New Pathways and my mentor, Priscilla. She was present in the most challenging times... and continues to be part of the most rewarding yet. I am extremely excited for my future."

"I graduated from USC in 2019 with a BA in Health and Human Sciences and I'm headed to grad school with plans to pursue a career in social work."

- Jennifer, Graduated New Pathways Youth



New Pathways for Youth

901 E. Jefferson St., Phoenix AZ 85034
www.npfy.org | @npfyphx | 602-258-1012

